

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000001230

1. Entity Name
MTT OF NORTH AMERICA, L.L.C.

FILED

01 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2250 WESTBOURNE DRIVE 2250 WESTBOURNE
OVIEDO FL 32765 OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3626565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGLE & SCHULMAN P.A.
706 TURNBULL AVE., SUITE 203
ALTAMONTE SPRINGS, FL 32701

Name KHALED R. KHUDA
Street Address (P.O. Box Number is Not Acceptable)
2250 WESTBOURNE DR.
City OVIEDO FL Zip Code 32765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  KHALED R. KHUDA

DATE 04/27/01

FILE NO. 11 FEES \$50.00
Make Check Payable to Department of State

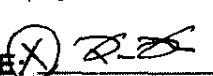
9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	☐ Delete
NAME	Khuda, Khaled R.	
STREET ADDRESS	2250 WESTBOURNE DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME	100004275001	
STREET ADDRESS	-05/21/01--01190--009	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  KHALED R. KHUDA

DATE 04/27/01 407-346-6128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)