

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90028 033 ****50.00

DOCUMENT # L01000013274

1. Entity Name

MTA ENTERPRISES, LLC.

Principal Place of Business

644 VILLAGE LAKE DRIVE
WESTON FL 33326

Mailing Address

644 VILLAGE LAKE DRIVE
WESTON FL 33326

80809

2. Principal Place of Business

8999 S. US #1

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort St. Louis, FL

City & State

4. FEI Number

65-113 0027

Applied For

Not Applicable

Zip

FL 34952

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STRAUS, ARNOLD JR ESQ.
10081 PINES BLVD., SUITE C
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name: Luis Alvarez

Street Address (P.O. Box Number is Not Acceptable):

644 Village Lake Dr.

City

Fort Lauderdale

FL

Zip Code

33326

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

maurice chavez

(NOTE: Registered Agent signature is required when reappointing)

DATE

5-15-02

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	Luis Alvarez / Manager	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	644 Village Lake Dr.	
CITY-ST-ZIP	Fort Lauderdale, FL 33326	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

maurice chavez

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

Date

5-15-02

Telephone Phone #

CR2E083 (9/01)