

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90131 007 \*\*\*\*50.00

**DOCUMENT # L01000013274**

1. Entity Name

**MTA ENTERPRISES, LLC.**



Principal Place of Business

**8898 S US #1  
PORT SAINT LUCIE FL 34952**

Mailing Address

**8898 S US #1  
PORT SAINT LUCIE FL 34952**

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 **65-1130027**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVALEZ, LUIS  
644 VILLAGE LAKE DR.  
FORT LAUDERDALE FL 33326**

Name

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

**644 Village Lake Dr.**

City **Weston**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**03-20-03**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>MGR</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>ALVARES, LOIS</b>            |                                 |
| STREET ADDRESS | <b>644 VILLAGE LAKE DR</b>      |                                 |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33326</b> |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Alvarez Luis</b>         |  |
| STREET ADDRESS | <b>644 Village Lake Dr.</b> |  |
| CITY-ST-ZIP    | <b>Weston, FL 33326</b>     |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| 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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

**03-20-03**

**(772) 3357470**

CR2E083 (10/02)