

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 032 ***150.00

DOCUMENT # L 60445

1. Entity Name

M. T. F. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 NW DIXIE HWY

3. Mailing Address

500 NW DIXIE HWY

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

STUART

City & State

STUART

Zip

FL 34994

Country

MARTIN

Zip

FL 34994

Country

MARTIN

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

THONNEY MICHEL

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

1497 SE SUNSHINE AVE

City PORT ST LUCIE

FL

Zip Code

34952

**DO NOT WRITE
IN THIS SPACE**

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 MICHEL THONNEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 22 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
THONNEY MICHEL
1497 SE SUNSHINE AV
PORT SAINT LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
THONNEY SACHA
1497 SE SUNSHINE AV
PORT SAINT LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL THONNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 2002 692 8441

Date

Daytime Phone #

CR2E034B (12/01)