2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN 12 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000713

1. Entity Name

MTE USA LIMITED COMPANY

Principal Place of Business	Mailing Address
~~4001 TAMIAMI TRAIL N~~	~~4001 TAMIAMI TRAIL N~~
~~#265~~	~~#265~~
~~NAPLES FL 34103~~	~~NAPLES FL 34103-8733~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28000 SPANISH WELLS	P.O. Box 279
Suite, Apt. #, etc.: BLVD, SUITE 200	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: Bonita Springs, FL
Zip: 34135 Country	Zip: 34133 Country

4. FEI Number: 65-0552120 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FILTHACT, RAINER H~~	Name: JAMES W. AMBURN
~~4001 TAMIAMI TRAIL N.~~	Street Address (P.O. Box Number is Not Acceptable): 28000 SPANISH WELLS BLVD
~~#265~~	SUITE 200
~~NAPLES FL 34103~~	City: BONITA SPRINGS **FL** Zip Code: 34135

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLOKSMA, HENDRIK F ~~1180 MOONLAKE DR.~~ ~~NAPLES FL 33942~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BLOKSMA, ELFRIEDE E ~~1180 MOONLAKE DR.~~ ~~NAPLES FL 33942~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003296858--0 -06/20/00--01041--021
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #