

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90002 004 ****50.00

DOCUMENT # L94000000713



1. Entity Name
MTE USA LIMITED COMPANY

Principal Place of Business
**2800 SPANISH WELLS BLVD., SUITE 200
BONITA SPRINGS FL 34135**

Mailing Address
**P.O. BOX 279
BONITA SPRINGS FL 34133**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0552120**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~AMBURN, JAMES W
28000 SPANISH WELLS BLVD., SUITE 200
BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING, LLC**
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
BLOKSMA, HENDRIK F
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**VS
BLOKSMA, ELFRIEDE E
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135** ☐ Delete

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CITY-ST-ZIP
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☐ 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

HENDRIK BLOKSMA

03/06/03

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

Date

Daytime Phone #

CR2E083 (10/02)