

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M19487**

1. Entity Name

M.T.L.C., INC.**FILED**
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90064 002 ***150.00

Principal Place of Business

Mailing Address

% ALEXIS VERDECIA
6312 N.W. 110TH TERR.
HIALEAH FL 33012% ALEXIS VERDECIA
6312 N.W. 110TH TERR.
HIALEAH FL 33012-2353

L0928549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1410 Palm Ave**1410 Palm Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL.

City & State

Hialeah, FL.

4. FEI Number

59-2594607

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

33010

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERDECIA, ALEXIS
6312 N.W. 110TH TERR.
HIALEAH FL 33012

Name

Verdecia, Alexis

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

1410 Palm Ave

City

Hialeah**FL**

Zip Code

33010

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

Alexis Verdecia,
President**1/20/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **VERDECIA, ALEXIS**
CITY-ST-ZIP **6312 N.W. 110TH TERR.**
HIALEAH FLTITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **Verdecia, Alexis**
CITY-ST-ZIP **1410 Palm Ave.**
Hialeah, FL. 33010TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SUAREZ, HECTOR**
CITY-ST-ZIP **580 W 50 ST**
HIALEAH FLTITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Suarez, Hector**
CITY-ST-ZIP **1410 Palm Ave.**
Hialeah, FL. 33010TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alexis Verdecia,
President

Date

1/20/00

Daytime Phone #

(305) 885-1361

CR2E034 (9/99)