

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90007 028 \*\*\*150.00

**DOCUMENT # M43641**

1. Entity Name

**M.T.O. REALTY, INC.**

Principal Place of Business

**2075 SW 27TH AVE  
MIAMI FL 33145**

Mailing Address

**2075 SW 27TH AVE  
MIAMI FL 33145**

2. Principal Place of Business

**1800 SW 27 Avenue**

3. Mailing Address

**1800 SW 27 Ave**

Suite, Apt. #, etc.

**#201**

Suite, Apt. #, etc.

**#201**

City & State

**Miami - Florida**

City & State

**Miami - Florida**

Zip

**33145**

Country

**USA**

Zip

**33145**

Country

**USA**

4. FEI Number **59-2771272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ORTEGA, JOSE A.  
2075 SW 27 AVE  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **JOSE A. ORTEGA**

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

**1800 SW 27 Avenue, #201**

City

**Miami**

FL

Zip Code

**33145**

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 **JOSE A. ORTEGA**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/16/2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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 **DP** ☐ Delete  
NAME **ORTEGA, JOSE A.**  
STREET ADDRESS **2075 SW 27 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete  
NAME **ORTEGA, MARIAT**  
STREET ADDRESS **2075 SW 27 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete  
NAME **NAPPIER, CONNIE III**  
STREET ADDRESS **2075 NW 27TH AVE**  
CITY-ST-ZIP **MIAMI FL 32145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☐ Addition  
NAME **JOSE A. ORTEGA**  
STREET ADDRESS **1800 SW 27 Ave #201**  
CITY-ST-ZIP **Miami, FL 33145**

TITLE **D** ☐ Change ☐ Addition  
NAME **ORTEGA, MARIAT**  
STREET ADDRESS **1800 SW 27 Avenue #201**  
CITY-ST-ZIP **Miami, FL 33145**

TITLE **VP** ☐ Change ☐ Addition  
NAME **NAPPIER, CONNIE III**  
STREET ADDRESS **1800 SW 27 Ave #201**  
CITY-ST-ZIP **Miami FL 33145**

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

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

TITLE ☐ 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:

**JOSE A. ORTEGA** **3/16/2001** **305-856-3866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0182166

CR2E034 (10/00)