2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
May 05, 2001 8:00 am
Secretary of State
01-31-2001 90262 048 ***158.75

DOCUMENT # P00000003510

1. Entity Name
MTCELEBRATION INC.

Principal Place of Business	Mailing Address
555 NE 15TH ST., STE. 416 MIAMI FL 33132	555 NE 15TH ST., STE. 416 MIAMI FL 33132

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3400 Pan American Dr.	3239 W. Trade Ave
Suite, Apt. #, etc.: #9 Dock	Suite, Apt. #, etc.: #9
City & State: Miami Fla.	City & State: Coconut Grove, Fla.
Zip: 33133 / Country: Dade	Zip: 33133 / Country: Dade

4. FEI Number: 65-0978362 ☐ Applied For ☐ Not Applicable

5. 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
DUDIK, MICHAEL A 555 NE 15TH ST., STE. 416 MIAMI FL 33132	Name: Michael A. Dudik Street Address (P.O. Box Number is Not Acceptable): 3239 W. Trade Ave. #9 City: Coconut Grove, FL Zip Code: 33133

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

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUDIK, MICHAEL A 555 NE 15TH ST., STE. 416 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: ________ 1/21/01 305-444-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #