2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0000003510

1. Entity Name

MTCELEE	BRATION INC.			01 12 2 002 10					
Principal Place of Business 3400 PAN AMERICAN DRIVE #9 DOCK MIAMI FL 33133		Mailing Address 3239 W TRADE AVENUE #9 COCONUT GROVE FL 33133							
2. Principal Pl	ace of Business	3. Mailing Address				.14	# 11011 BB11 1981		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MA	KING CHANGES	;		
City & State		City & State		4.	FEI Number 65-0978362	├	opplied For lot Applicable		
Zip Country		Zìp	Country	5.	Certificate of Status Desired	\$8.75 Ad			
		(m)		·····	Name and Address of New Regist	<u> </u>			
	6. Name and Address of Current F	registered Agent	Name						
	IICHAEL A TRADE AVENUE, #9	Street A	ddress (P.O. I	Box Number is Not Acceptable)					
	IT GROVE FL 33133								
	11/		City			FL Zip Co			
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a	1014	registered office of		gent, or both, in the State of Florida.	DATE	and accept		
									
After	ILE-NOWIII FEE-IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Financia Trust Fund Contribution		00 May Be ed to Fees		
	OFFICERS AND		11.	A	DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11		
10.		Delete	TITLE			☐ Change			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDIK, MICHAEL A 555 NE 15TH ST., STE. 416 MIAMI FL 33132	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS	·		STREET ADDRESS		•		•		
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	1	····		Addition		
TITLE	1	☐ Delete	TITLE	l		☐ Change	e 🗀 Addition		

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90838 043 ***158.75

DUDIK, MICHAEL A 3239 W TRADE AVENUE, #9	Street Address (P.O. Box Number is Not Acceptable)							
COCONUT GROVE FL 33133								
	. / _	City			FL	Zip Code		1
8. The above named entity submits this statement for the pur the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if agents.	4	stered office or re		ent, or both, in the State of Flo	rida. I am far	niliar with, a	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			- - -	Election Campaign Fin Trust Fund Contribution	٦.	Added	May Be to Fees	
10. OFFICERS AND DIRECT	ORS	11.	AD	DITIONS/CHANGES TO OFF				1 2
TITLE D NAME DUDIK, MICHAEL A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	CR2E034 (10/02)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	ar meter			Change	- Addition	
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TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
12. I hereby certify that the information supplied with the filin indicated on this report or supplemental report strue are of the corporation or the receiver or trustee empowered changed, or on an attachment with an address with a company of the corporation.	ng/does not qualify for the accurate and that my's to execute this report as interline empoyeered.	e exemption state signature shall ha equired by Char	ed in Section ive the same oter 607, Flor	119.07(3)(i), Florida Statutes. legal effect as if made under ida Statutes; and that my nam	I further certinoath; that I are appears in	fy that the in an officer Block 10 or	nformation or director r Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN	IAME OF SIGNING OFFICER OR I	DIRECTOR		/- //- 0.3 Date	7747 Da	vtime Phone #		