

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000116981

1. Entity Name

MTM GROUP, INC.

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90016 046 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

4534 SW 143rd COURT WEST 4534 SW 143rd CT. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1084370

Applied For

Not Applicable

Zip

33175

Country

Zip

33175

Country

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

Name

NELSON RIBE

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

4534 SW 143rd COURT WEST

City

MIAMI

FL

Zip Code  
33175

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

PRES./ NELSON RIBE

09/06/01

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 MONTHLY 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br>NELSON RIBE<br>4534 SW 143rd CT. WEST<br>MIAMI, FL 33175 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

NELSON RIBE/PRESIDENT

09/06/01

305-613-7327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

*Attachment*  
*A0085558*

# EDEA & ASSOCIATES SERVICES GROUP, INC.

4445 WEST 16<sup>TH</sup> AVE \* SUITE 502 \* HIALEAH, FL 33012  
PHONE: 305-823-3455 FAX: 305-828-7691

September 6, 2001

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

Ref: MTM Group, Inc.  
Doc.#: P00000116981

To whom it may concern,

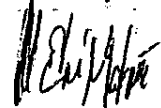
As per our conversation and instruction, we obtained the Uniform Business Report 2001 through the Internet and down loaded.

Enclosed is the completely filled out UBR2001 and a check for \$150.00 as per your instructions.

Since we did not received the original UBR2001 by mail due to the poor service of our postal service, and the address on your file was an old address, the post office never forwarded to the new address. Since it was out of our control, we request that you abate the late fee and considerer this UBR2001 as filled on time.

Hope to receive d news, thank you.

Sincerely,



Nelson Ribe  
President of MTM GROUP, INC.