

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90165 046 \*\*\*158.75

DOCUMENT # P01000024195

1. Entity Name

MT PRODUCT SALES INC.



80042322

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20 Corporate Circle

3. Mailing Address

20 Corporate Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Albany N.Y.

City & State

Albany N.Y.

4. FEI Number

593709769

Applied For

Not Applicable

Zip

12203

Country

ALBANY

Zip

12203

Country

ALBANY

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE A. TORRES

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

1007 BRISTOL LAKE RD #210

City

MT. DORA

FL

Zip Code

32757

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
JOSE A. TORRES  
1007 BRISTOL LAKE RD #210  
MT. DORA, FLA. 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MARCELA L. TORRES  
20 Corporate Circle  
Albany N.Y. 12203

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE A. TORRES, JOSE A. TORRES-2/22/03-518-330-5098

CR2E034B (12/02)