

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90477 025 ***150.00

DOCUMENT # P01000078657

1. Entity Name

M.D.T. CORP.

Principal Place of Business

**2660 WEST 76 STREET, SUITE 107
MIAMI FL 33016**

Mailing Address

**2660 WEST 76 STREET, SUITE 107
MIAMI FL 33016**

2. Principal Place of Business

**8001 West 26 Avenue
Suite 3**

3. Mailing Address

**8001 West 26 Avenue
Suite 3**

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-1128785

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS A JR.
2660 WEST 76 STREET, SUITE 107
MIAMI FL 33016**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **MARTINEZ, CARLOS A JR.**
CITY-ST-ZIP **2660 WEST 76 STREET, SUITE 107
MIAMI FL 33016**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REYES, ANTONIO**
CITY-ST-ZIP **2660 WEST 76 STREET, SUITE 107
MIAMI FL 33016**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUKE, TERRELL JR.**
CITY-ST-ZIP **2660 WEST 76 STREET, SUITE 107
MIAMI FL 33016**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 (305) 558-5400

CR2E034 (9/01)