

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90292 012 ***158.75

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DOCUMENT # P01000078657

1. Entity Name
M.D.T. CORP.



Principal Place of Business
**8001 WEST 26 AVE
STE 3
MIAMI FL 33016**

Mailing Address
**8001 WEST 26 AVE
STE 3
MIAMI FL 33016**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1128785**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

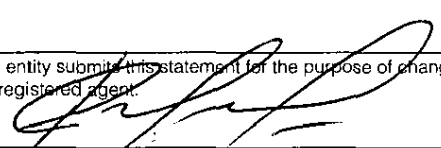
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CARLOS MARTINEZ**
Street Address (P.O. Box Number is Not Acceptable)
8001 W 26 AVE #3
City **MIAMI** FL **33016**

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 **4/25/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS A JR.	
STREET ADDRESS	2660 WEST 76 STREET, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYES, ANTONIO	
STREET ADDRESS	2660 WEST 76 STREET, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKE, TERRELL JR.	
STREET ADDRESS	2660 WEST 76 STREET, SUITE 107	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS A MARTINEZ	
STREET ADDRESS	8001 W 26 AVE #3	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL DUKE, JR	
STREET ADDRESS	12277 SW 55 STREET	
CITY-ST-ZIP	COOPER CITY, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, 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 **4/25/03** DAYTIME PHONE # **305 558 5400**

CR2E034 (10/02)