FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** FILED OCUMENT # P01000086399 MTDILUZ, Inc. 03 OCT 23 AMII: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 409 NW 67th Ave M99NU Soite, Apt. #, etc. City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required... 7. Name and Address of Current Registered Agent Name DO NOT WRITE O. Box Number is Not Acceptable) IN THIS SPACE FL . 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, typed or pooted name of redistered agent and title # applicable (HOTE Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on hack) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IF CITY-ST-ZIP TITLE THLE 000024053630 10/23/03--01070--015 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY+ST-7/P TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZIF CITY-ST-ZIF THE 1919 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this fiting 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 on an

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE

"D" TAIL U 2, Inc.

1499 NW 67th Avenue Marqate, Florida 33063 (954) 978-6849

October 15th, 2003

Attn.: Florida Department of State Division of Corporations. P. O. Box 6327 Tallahassee, FL 32314

RE: 65-1134743 **Annual Report/UBR 2003**

Dept of State Officer:

Please be advised that I did not received my corporation's 2003 Uniform Business Report. I called your office about two days ago, and I was advised to send a letter, a UBR report, along with a check of \$150.00 in order to renew the corporation for 2003. Attached you will find all the documents requested. Please process A S A P.

Cordially,

Cynthia Rivera-Brana

President