

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

DOCUMENT # **P020000 48215**
1. Entity Name

M.H.T. OF BREVARD, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **217 SAND DOLLAR RD** 3. Mailing Address

Suite, Apt. #, etc.

City & State **INDIAN LANTIC FL.** City & State

Zip **32907** Country **USA** Zip **32907** Country

4. FEI Number **01-0709923** Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name **MICHAEL TROSO**

Street Address (P.O. Box Number is Not Acceptable) **217 SAND DOLLAR RD**

City **INDIAN LANTIC** FL Zip Code **32907**

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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.

SIGNATURE _____ (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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 **MICHAEL TROSO Pres.**
NAME
STREET ADDRESS **217 SAND DOLLAR RD**
CITY - ST - ZIP **INDIAN LANTIC, FL. 32907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP **500014451429
03/21/03--01064--014 **150.00**

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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 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 # _____

CR2E034B (12/01)