

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90195 031 ***150.00

DOCUMENT # P03000130708

1. Entity Name
MBT REAL ESTATE, INC.



Principal Place of Business
C/O ALEXANDER I. TACHMES
2 SOUTH BISCAYNE BLVD., SUITE 2630
MIAMI, FL 33131

Mailing Address
C/O ALEXANDER I. TACHMES
2 SOUTH BISCAYNE BLVD., SUITE 2630
MIAMI, FL 33131

40081500

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

04132007 Chg-P CR2E034 (12/06)

4. FEI Number
84-1630877

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TACHMES, ALEXANDER I.
2 SOUTH BISCAYNE BLVD.
SUITE 2630
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name ALEXANDER I. TACHMES, P.A.
Street Address (P.O. Box Number is Not Acceptable)
201 SOUTH BISCAYNE BLVD.
SUITE 1500
City MIAMI FL Zip Code 33131

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: *Alexander I. Tachmes* **Alexander I. Tachmes**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/24/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TACHMES, ALEXANDER I 2 SOUTH BISCAYNE BLVD., SUITE 2630 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TACHMES, ALEXANDER I. 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alexander I. Tachmes* **Alexander I. Tachmes** 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #