## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P93000016067** MTC INDUSTRIES, INC. Principal Place of Business Mailing Address 1521 GARDEN RD 1521 GARDEN\_RB FT LAUDERDALE FL 33326-2700 FT LAUDERDALE FL 33326 **ธ**ุกกกรุง 2. Principal Place of Business 14933 PADOOCK DEIVE 3. Mailing Address

Country

Suite, Apt. #, etc.

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

City & State

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

**CURIGER, CHRIS** 

1521 GARDEN RD FT LAUDERDALE FL 33326

changed, or on an attachment with an address

SIGNATURE:

City & State

Jan 21, 2000 8:00 am **Secretary of State** 01-21-2000 90105 016 \*\*\*150.00 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0398324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) 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. DATE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **C**hange ☐ Addition Delete TITLE CURIGER, CHRIS NAME overese ohers NAME 14933 PADDOCK DE, PACCOCK DENS 1521-GARDEN RD STREET ADDRESS 14933 STREET ADDRESS FT-LAUDERDALE FL 33326 WELLINGTON, FL33414 CITY-ST-ZIP CITY-ST-ZIP MELLINGTON, TO 3341 Change ☐ Addition TITLE Delete NAME BOULDER, P NAME STREET ADDRESS 7000 S.W. 130 AVE, BOX 5 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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