

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064620

1. Entity Name
M.T.T. INTERNATIONAL CORP.

Principal Place of Business
14 NE 1ST AVE., SUITE 1204
MIAMI FL 33131

Mailing Address
14 NE 1ST AVE., SUITE 1204
MIAMI FL 33131

2. Principal Place of Business
2315 N.W 107 Avenue
Suite, Apt. #, etc.
1M-14
City & State
Miami, FL
Zip
33172
Country
USA

3. Mailing Address
2315 N.W 107 Avenue
Suite, Apt. #, etc.
Box 112
City & State
Miami, FL
Zip
33172
Country
U.S.A

4. FEI Number 65-0443568

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

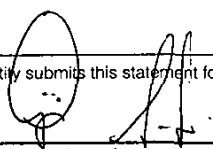
6. Name and Address of Current Registered Agent

SATO, LEIJI
14 NE 1ST AVE., SUITE 1204
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SATO, LEIJI
Street Address (P.O. Box Number is Not Acceptable) (New address)
2315 N.W 107 Avenue #112
City
Miami FL Zip Code
33172

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  LEIJI SATO VICE - PRESIDENT 10/04/00
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

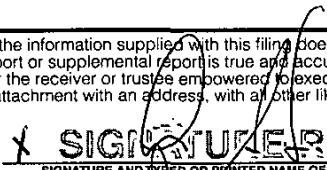
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PD	TAKAHASHI, MICHIO	9963 NW 401 LANE	MIAMI FL 33178	☐
TD	DOS SANTOS, CELSO GONCALVE	9963 NW 401 LANE	MIAMI FL 33178	☐
VD	TAKAHASHI, YOKO	9963 NW 401 LANE	MIAMI FL 33178	☐
SD	SATO, LEIJI	9963 NW 401 LANE	MIAMI FL 33178	☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
				☐
				☐
				☐
				☐
				☐

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/00 (305) 468-1678

Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 20 AM 9:10



DO NOT WRITE IN THIS SPACE
REINSTATEMENT

001 3556

CR2E034 (5/00)