

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90123 027 ***158.75

NOTARIAL
 AV

DOCUMENT # P93000064620

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

Principal Place of Business

**2315 N.W. 107 AVENUE
 SUITE 1 M-14
 MIAMI FL 33172**

Mailing Address

**2315 N.W. 107 AVENUE
 BOX 112
 MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2315 N.W. 107 AVENUE
 Suite, Apt. #, etc.
 SUITE 1 M-6**

3. Mailing Address

**2315 N.W. 107 AVENUE
 Suite, Apt. #, etc.
 BOX 112**

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0443568**

Applied For
☐ Not Applicable

Zip Country
33172 USA

Zip Country
33172 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SATO, LEIJI
 2315 N.W. 107 AVENUE
 #112
 MIAMI FL 33172**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/17/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: **X** SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

Date

(305)468-1680

Daytime Phone #

CR2E034 (9/01)