2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045899

1. Entity Name

MTX CORPORATION

Principal Place of Business	Mailing Address							
215 OSCEOLA CT WINTER PARK FL 32789 US	215 OSCEOLA CT WINTER PARK FL 32789 US							
	A. Barrelli	erry or the						
2. Principal Place of Business	3. Mailing Address	Ags						
Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City & State	City & State							
								

FILED Mar 07, 2001 8:00 am Secretary of State

03-07-2001 90615 017 ***150.00

Principal Place of Business Mainty Address 23.0 SOCEOLA CT 215.0 SOCEOLA COURT 215.0													
WINTER PARK FL 32789 US SUITA, Apt. #, etc. Su	Principal Place	e of Busines	S	Mailing Address									
2. Procepting Place of Business Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. Suite. April 5, etc. Suite. April 6, etc. Suite. April 6, etc. Suite. April 6, etc. Suite. Application To Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Rame and Address of New Regulated Agent Name Name Name Name Name Name Name Name Name City FL Zip Code	WINTER PARK			WINTER PARK FL 32789						•	*- ·		
Suite. Apt. #. etc. Suite.				Sec. 2 H		and the second	ıεφ.	·		 	i Amorini	11115 1411 1561	
City & State Country	2. Principal Place of Business		3. Mailing Address		Ses								
Standard Status	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Security	City & State		City & State		+	4. FEI Number	59-325329	3	-		<u>_</u>		
Name and Address of New Registered Agent Name	Zip Country		Zip	Country			5. Certificate of S	Status Desired		\$8.75 A	dditional	1	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	·	6. Name	and Address of Current Re	egistered Agent				7. Name and Ad	dress of New F		:		-
215 OSCEOLA COURT WINTER PARK FL 32789 City FL Zip Code						Name		·		_ 			7
City FL Zip Code City FL Zip	·			•		Street Add	dress (P.	O. Box Number is	Not Acceptabl	e)			\exists
8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, types or preservation is eligible to satisfy its Intangible Addition													1
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				٠.	:	City					Zin Co	nde .	┨
SIGNATURE Signature System of the place and all the it applicable. (NOTE Registered Agend signature received when rendatory) DATE			·	·		City				FL	Zip Cc		
9. This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PARAMETER AND STREET ADDRESS CITY-51-2P ITILE NAME MARTITOD, FRANK R MARTITOD,	8. The above	named entit	y submits this statement for t	ne purpose of changing its	registere	ed office or re	egistered	d agent, or both, in	n the State of FI	orida.			
9. This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT MAKE MATTEO, FRANK R MATTEO, FRANK R MARTEO, FRANK R MARTITON, WINCENT A STREET ADDRESS CITY-ST-2P MINITER MARTITON MINITER PARK FL MINITER MARTITON MARTITON MINITER PARK FL MINITER PARK FL MINITER MARTITON MARTITON													1
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Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE		Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature	e required w	hen reinstating)		DATE			4
Addition	9. This corpo	ration is elig	ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.00	0	10. Election	n Campaign Fit	ancina	¢5	00 v	
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Thereby verify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #