## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P94000087686** 1. Entity Name M.T.G. LIMITED, INC. 01-29-2000 90104 017 \*\*\*150.00 Principal Place of Business Mailing Address 1601 BELVEDERE ROAD 1601 BELVEDERE ROAD SUITE 207, SOUTH SUITE 207. SOUTH WEST PALM BEACH FL 33406-1541 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address 185 VIA MIZNER 185 UIA MIZNER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0539930 RATON Not Applied Country Country \$8.75 Additional 5. Certificate of Status Desired 33432 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAMBY, LOUIS L III Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 Zip Code FI 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, 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 11. OFFICERS AND DIRECTORS 12. 🔀 Delete TITLE ☐ Change ■ Addition TITLE THIESSEN, KERRY NAME STREET ADDRESS STREET ADDRESS 612 SHORE RD CITY-ST-ZIP CITY-ST-7IP N PALM BEACH FL 33408 President A Change ☐ Addition TITLE TITLE □ Delete GIARRATANIA, RICHUNZ GIARRATANA, RICHARD NAME STREET ADDRESS 950 NE 24 STREET STREET ADDRESS aso NE 24street CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** Change - (TAddition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additior ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 appears, with all other like empowered.

1-24-00

567-392-0868 Daytine Phone #