

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011807

1. Entity Name

MCT CORPORATION

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90148 008 \*\*\*150.00

Principal Place of Business

Mailing Address

7616 SOUTHLAND BLVD  
100  
ORLANDO FL 32809  
US

P O BOX 1311  
ORLANDO FL 32802-1311  
US

2. Principal Place of Business

1401-A Edgewater Dr

3. Mailing Address

P. O. Box 547370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32804-6352

City & State

Orlando, FL 32854-7370

4. FEI Number

59-3297126

Applied For

Not Applicable

Zip  
32804-6352

Country  
US

Zip  
32854-7370

Country  
US

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

THURDEKOOS, CARLOS  
~~7616 SOUTHLAND BLVD~~  
~~STE 100~~  
~~ORLANDO FL 32809~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1401-A Edgewater Dr.

City

Orlando

FL

Zip Code  
32804-6352

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

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 \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS THURDEKOOS, MARIA  
CITY-ST-ZIP ~~7616 SOUTHLAND BLVD STE 100~~  
~~ORLANDO FL 32809~~

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS ThurdeKooS, Maria  
CITY-ST-ZIP 1401-A Edgewater Drive  
Orlando, FL 32804

TITLE ☐ Delete  
NAME D  
STREET ADDRESS THURDEKOOS, CARLOS  
CITY-ST-ZIP ~~7616 SOUTHLAND BLVD STE 100~~  
~~ORLANDO FL 32810~~

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS ThurdeKooS, Carlos  
CITY-ST-ZIP 1401-A Edgewater Drive  
Orlando, FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE: *by: Carlos ThurdeKooS* 4/3/00 907-481-8530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)