

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2.00**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 002 ***150.00

DOCUMENT # *P950,000 70231*

1. Entity Name

MCT DISTRIBUTION, INC.



DO NOT WRITE IN THIS SPACE

94077271

2. Principal Place of Business

1616 N.E. 205 TER

3. Mailing Address

1835 N.E. MIAMI GARDENS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL

284

City & State

City & State

N. MIAMI BEACH FL.

N. MIAMI BEACH FL.

Zip

Country

Zip

Country

33179

U.S.A.

33179

U.S.A.

4. FEI Number

65-0617176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KERRY B. POLAN

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

2020 N.E. 163 ST.

300

City

N. MIAMI BEACH

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*GREENBERG, BROE P.D.
1160 S.W. 153 ST.
PEMBROKE PINES FL. 33027*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 305-653-7915

CR3E034B (12/02)