

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000102395**1. Entity Name
MTM INVESTMENTS CORP.

Principal Place of Business 15529 MIAMI LAKEWAY N #107 MIAMI LAKES FL 33014	Mailing Address P O BOX 4721 MIAMI LAKES FL 33014 US
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2. Principal Place of Business
7241 W TROON CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES FL

City & State

4. FEI Number
65-0801159Applied For
Not ApplicableZip Country
33014 US

Zip Country

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**CASAMAYOR AUGUSTO R
15529 MIAMI LAKEWAY N #107MIAMI LAKES FL
33014Name
CASAMAYOR AUGUSTO R
Street Address (P.O. Box Number is Not Acceptable)
7241 W TROON CIRCLECity
MIAMI LAKES FL Zip Code
33014

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 **AUGUSTO R CASAMAYOR****01/09/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	CASAMAYOR AUGUSTO R	
STREET ADDRESS	15529 MIAMI LAKEWAY N #107	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAMAYOR AUGUSTO R	
STREET ADDRESS	7241 W TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: AUGUSTO R CASAMAYOR

D

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)