

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003472

1. Entity Name

M.T. STUDIO, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90127 001 ***150.00

Principal Place of Business

Mailing Address

3001 S OCEAN DR
1F
HOLLYWOOD FL 33019
US

3001 S OCEAN DR
1F
HOLLYWOOD FL 33026-5116
US

2. Principal Place of Business

3. Mailing Address

125 NW 109th Avenue
Suite, Apt. #, etc.
Apt # 108

125 NW 109th Avenue
Suite, Apt. #, etc.
Apt # 108

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Country

33026

USA

Zip

Country

33026

USA

4. FEI Number

65-0810140

Applied For

Not Applicable

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

TATIS, MARK
3001 S OCEAN DR
1F
HOLLYWOOD FL 33019

Name

Tatis, Mark

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

125 NW 109th Avenue, Apt # 108

City

Pembroke Pines

FL

Zip Code

33026

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)

X 4/19/00

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	P	<input type="checkbox"/> Delete
NAME	TATIS, MARK	
STREET ADDRESS	3001 S OCEAN DR IF	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tatis, Mark	
STREET ADDRESS	125 NW 109th Avenue, Apt # 108	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

X Mark Tatis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/19/00

Date

X 954-441-5020

Daytime Phone #

CR2E034 (9/99)