

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014493

1. Entity Name

MTC INTERNATIONAL, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90021 028 ***150.00

Principal Place of Business

5557 WEST OAKLAND PARK BLVD
STE 344
FORT LAUDERDALE FL 33313

Mailing Address

5557 WEST OAKLAND PARK BLVD
STE 344
FORT LAUDERDALE FL 33313-1411

2. Principal Place of Business

AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5843

Suite, Apt. #, etc.

City & State

CITY & STATE
FORT LAUDERDALE

Zip

Country

Zip
33310

Country

U.S.A.

4. FEI Number

65-0814743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ~~BERNARD SCHUTTE~~ BERNHARD SCHUTTE
Street Address (P.O., Box, Number, is Not Acceptable)
ONE FINANCIAL PLAZA
2202
City FORT LAUDERDALE FL Zip Code 33394

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 BERNHARD SCHUTTE

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

DATE 2/23/00

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

TITLE PSTD
NAME MITSCHKE, LOTHAR ☐ Delete
STREET ADDRESS 5557 W OAKLAND PARK BLVD, STE 344
CITY-ST-ZIP FORT LAUDERDALE FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BERNHARD SCHUTTE (V.P.) ☐ Change ☒ Addition
NAME
STREET ADDRESS P.O. Box 5843
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)