


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

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90049 011 ***150.00

DOCUMENT # P98000014493	2004	
1. Entity Name MTC International Inc.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4846 N. University Drive Suite, Apt. #, etc.		3. Mailing Address 4846 N. University Drive Suite, Apt. #, etc. #344	
City & State Fort Lauderdale		City & State Fort Lauderdale	
Zip 33351	Country USA	Zip 33351	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0814743		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Lothar Mitschke Street Address (P.O. Box Number is Not Acceptable) 4846 N. University Drive City Fort Lauderdale FL Zip Code 33351		

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  **Lothar Mitschke**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting.) **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lothar Mitschke 4846 N. University Drive, Fort Lauderdale, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **Lothar Mitschke** **01-16-04** **954-540-5323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)