

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034022

1. Entity Name  
M.T.C. COURIER, INC.

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90062 046 \*\*\*550.00

Principal Place of Business  
2200 SW 16 STREET SUITE 220  
MIAMI FL 33145

Mailing Address  
2200 SW 16 STREET SUITE 220  
MIAMI FL 33145

2. Principal Place of Business  
2200 SW 16st #220  
Suite, Apt. #, etc.  
Suite #220

3. Mailing Address  
2200 SW 16st  
Suite, Apt. #, etc.  
Suite #220

City & State  
Miami, FL  
Zip  
33145  
Country  
Dade

City & State  
Miami FL  
Zip  
33145  
Country  
Dade

4. FEI Number 65-0841710

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

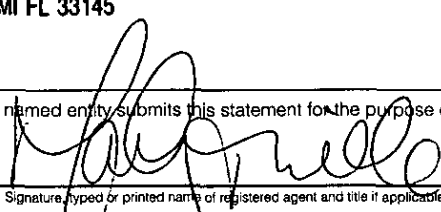
## 6. Name and Address of Current Registered Agent

TRUJILLO, MARLEN  
2200 SW 16 STREET SUITE 220  
MIAMI FL 33145

## 7. Name and Address of New Registered Agent

Name  
2200 SW 16st #220  
Street Address (P.O. Box Number is Not Acceptable)  
Miami, FL  
City  
FL Zip Code  
33145

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)

DATE

8/30/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
TRUJILLO, MARLEN  
9251 SW 57 TERRACE  
MIAMI FL 33173 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
TRUJILLO, JESUS M  
9251 SW 57 TERRACE  
MIAMI FL 33173 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

8/30/00

CR2E034 (5/00)