

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
 03-26-2001 90005 010 \*\*\*150.00

**DOCUMENT # P98000034022**

1. Entity Name

**M.T.C. COURIER, INC.**

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 16 ST**

Suite, Apt. #, etc.

**Suite #220**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

Zip

**33145**

Country

**Deeds**

Country

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

7. Name and Address of New Registered Agent

**TRUJILLO, MARLEN**

**2200 SW 16 STREET SUITE 220  
 MIAMI FL 33145**

Name

**MARLEN TRUJILLO**

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

**2200 SW 16 ST Suite #220**

**Miami**

**FL 33145**

City

**FL**

Zip Code

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]*

**MARLEN TRUJILLO**

**3/19/01**

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 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	DP	<input type="checkbox"/> Delete
NAME	TRUJILLO, MARLEN	
STREET ADDRESS	9251 SW 57 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TRUJILLO, JESUS M	
STREET ADDRESS	9251 SW 57 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/01**

Date

**305 860-8885**

Daytime Phone #

CR2E034 (10/00)