

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038466

1. Entity Name

MTR INDUSTRIES, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90273 026 ***150.00

Principal Place of Business

Mailing Address

~~2830 MONROE ST.~~
~~HOLLYWOOD FL 33020~~

2830 MONROE ST.
HOLLYWOOD FL 33020-4744

↓ new address

2. Principal Place of Business

3. Mailing Address

4448 SW 49th Ct

4448 SW 49th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ft. Lauderdale, FL

Ft. Lauderdale

City & State

City & State

Zip *33314*

Country *USA*

Zip *33314*

Country *USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAINGART, MARILYN L
~~2830 MONROE ST.~~
~~HOLLYWOOD FL 33020~~

4448 SW 49th Ct
Ft. Lauderdale, FL
33314

Name

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

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 *Marilyn L. Maingart*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAINGART, MARILYN L**
CITY-ST-ZIP **2830 MONROE ST.**
HOLLYWOOD FL 33020

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *4448 S.W. 49th Ct.*
CITY-ST-ZIP *FT. LAUDERDALE, FL 33314*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Marilyn L. Maingart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

Date

954 5838533

Daytime Phone #