## Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90199 015 \*\*\*150.00

**DOCUMENT #** 

P98000055098

**2003 FOR PROFIT CORPORATION** 

**UNIFORM BUSINESS REPORT (UBR)** 

1. Entity Name



MTC HOLDINGS INC. Principal Place of Business MTC MANAGEMENT COMPANY MTC MANAGEMENT COMPANY 13155 SW 132 AVE 13155 SW 132 AVE MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0844232 Not Applicable Zip Zip Country Country \$8.75 Additional 5.\_Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUKER, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD SUITE 508 MIAMI FL 33156 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE .... Delete TITLE NAME MARTINO, ANSELME NAME STREET ADDRESS MTC MANAGEMENT COMPANY, 13155 SW 132 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MARTINO, SOLOMON NAME STREET ADDRESS STREET ADORESS MTC MANAGEMENT COMPANY, 13155 SW 132 AVE CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33186** ☐ Change TITLE ☐ Delete TITLE Addition NAME MARTINO, EDWARD E NAME STREET ADDRESS STREET ADDRESS MTC MANAGEMENT COMPANY, 13155 SW 132 AVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33186 TITLE ☐ Change TITLE □ Delete ☐ Addition NAME NAME STREET\_ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 faport 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 Block 11 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

*305-969-6676*