

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 006 ***158.75

DOCUMENT # 498000071747
 1. Entity Name
MNT CONSULTING INC. ✓

Principal Place of Business Mailing Address
13290 SW 88TH LN #110 13290 SW 88TH LN #110
MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address
13876 SW 56TH ST 13876 SW 56TH ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 311 STE 311
 City & State City & State
MIAMI FL MIAMI FL
 Zip Zip
33175 33175 Country Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865729 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MOHAMMED TUBAISHAT
13290 SW 88TH LN, STE 110
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name Same Agent (Just Address change)
 Street Address (P.O. Box Number is Not Acceptable)
3215 SW 62nd AVE APT. 96
 City PEM BROKE PK FL Zip Code 33023

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] MOHAMMED TUBAISHAT, President 5/29/00
 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIR</u> <u>MOHAMMED TUBAISHAT</u> <u>13290 SW 88TH LN STE 110</u> <u>MIAMI FL 33186</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIR</u> <u>MOHAMMED ATI ATBEISAT</u> <u>13290 SW 88TH LN STE 110</u> <u>MIAMI FL 33186</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIR</u> <u>MOHDALI SHEHADEH</u> <u>2312 DOMINGUEZ ST #A</u> <u>TORRANCE CA 90501</u>	☐ 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	<u>DIR</u> <u>ABDUL ALHAKAWATI</u> <u>13876 SW 56TH ST STE 311</u> <u>MIAMI FL 33175</u>	☐ Change ☒ Addition
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
TITLE NAME STREET ADDRESS 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)(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] MOHAMMED TUBAISHAT 5/29/00 (310) 560-6644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)