2000 UNIFORM BUSINESS REPORT (UBR)

ndicated on this report or supplemental report of the corporation or the receiver or truste changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P98000095891 1. Entity Name MT FAMILY CORPORATION 04-26-2000 90066 037 ***158.75 Mailing Address Principal Place of Business 1177 KANE CONCOURSE 1177 KANE CONCOURSE SUITE 201 SUITE 201 BAY HARBOR FL 33154-2027 BAY HARBOR FL 33154 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0879658 Not Applicable Country \$8.75 Additional Countr 7in Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ssloj Current Registered Agent 6. Name and Addr MARZIN Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL\32301-2525 ne purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entitle SIGNATURE nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition **DPST** TITLE ☐ Delete TITLE TAPLIN, MARTIN NAME NAME C/O 1221 BRICKELL AVENÜE #2100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE * □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if İstiling doe 13. I hereby certify that the information supplied with th