

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-26-2001 90005 008 ***150.00

DOCUMENT # P98000106355

1. Entity Name

MTC TRANSPORTATION INC.

Principal Place of Business

Mailing Address

2200 S.W. 16 ST., S-220
MIAMI FL 33145
US

2200 S.W. 16 ST., S-220
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

2200 S.W. 16 St #220

2200 SW 16 St #220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #220

Suite #220

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33145

Dade us

33145

Dade us

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, JESUS

2200 S.W. 16 ST., S-220
MIAMI FL 33145

Name

MARLEN TRUJILLO

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

2200 SW 16 St Suite #220

Miami

City

FL

Zip Code

33145

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/01

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

TITLE	D President	<input type="checkbox"/> Delete
NAME	TRUJILLO, MARLEN	
STREET ADDRESS	2200 S.W. 16 ST., S-220	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	JESUS TRUJILLO	<input type="checkbox"/> Delete
NAME	2200 SW 16 St #220	
STREET ADDRESS	Miami FL 33145	
CITY-ST-ZIP	Vice President	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

MARLEN TRUJILLO 3/19/01 305 860-8885

CR2E034 (10/00)