

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99 0000 24420**

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90437 037 ***150.00

1. Entity Name
M.C.T.N. HOLDINGS, INC.

Principal Place of Business Mailing Address
777 South Flagler Drive
Suite 800 W
West Palm Beach FL 33401

2. Principal Place of Business 3. Mailing Address
4411 Beacon Circle **4411 Beacon Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1A **Suite 1A**
 City & State City & State
West Palm Beach FL **West Palm Beach FL**

4. FEI Number **65-0903121**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Philippe J. Brian
777 South Flagler Drive
Suite 800 W
West Palm Beach FL 33401

7. Name and Address of New Registered Agent
 Name **Philippe J. Brian**
 Street Address (P.O. Box Number is Not Acceptable)
4411 Beacon Circle
Suite 1A
 City **West Palm Beach** **FL** Zip Code **33407**

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 **Philippe J. Brian** **04-29-00**
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	D	<input type="checkbox"/> Delete
NAME	MUSTAFA OZKAN	
STREET ADDRESS	2379 MAARSEILUS DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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	P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	304 GRAND KEY TERRACE	
STREET ADDRESS	PALM BEACH GARDENS, FL 33418	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philippe J. Brian	
STREET ADDRESS	4411 Beacon Circle Suite 1A	
CITY-ST-ZIP	West Palm Beach FL 33407	
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: **Philippe J. Brian** **04-29-00** **(561) 835114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)