

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90065 025 \*\*\*150.00

**DOCUMENT # P99000024420**

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

Principal Place of Business <b>441 BEACON CIRCLE          STE 1A          WEST PALM BEACH FL 33407</b>	Mailing Address <b>441 BEACON CIRCLE          STE 1A          WEST PALM BEACH FL 33407</b>
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2. Principal Place of Business <b>205 WORTH AVENUE</b>	3. Mailing Address <b>C/O PHILIPPE BRIAN 205 WORTH AVE.</b>
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Suite, Apt. #, etc. <b>307C</b>	Suite, Apt. #, etc. <b>307C</b>
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City & State <b>PALM BEACH</b>	City & State <b>PALM BEACH</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0903121</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip <b>33480</b>	Country <b>PALM BEACH</b>	Zip <b>33480</b>	Country <b>PALM BEACH</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRIAN, PHILIPPE J  
 4411 BEACON CIR  
 STE 1A  
 WEST PALM BEACH FL 33407**

Name <b>PHILIPPE J. BRIAN</b>
Street Address (P.O. Box Number is Not Acceptable) <b>205 WORTH AVENUE SUITE 307C</b>
City <b>PALM BEACH</b>
State <b>FL</b>
Zip Code <b>33480</b>

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* **PHILIPPE J. BRIAN** 03/30/2001  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS** **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <input type="checkbox"/> Delete <b>OZKAN, MUSTAFA</b> <b>304 GRAND KEY TERRACE</b> <b>PALM BEACH GARDENS FL 33418</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>BRIAN, PHILIPPE J</b> <b>4411 BEACON CIR STE 1A</b> <b>WEST PALM BEACH FL 33407</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>205 WORTH AVENUE SUITE 307C</b> <b>PALM BEACH FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Philippe J. Brian* **Secretary** 03-30-2001 (561) 835 1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)