

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059112

1. Entity Name

M T A CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90046 031 ***150.00

Principal Place of Business Mailing Address
7872 WEST 16TH COURT 7872 WEST 16TH COURT
PALM SPRINGS LAKES FL 33014 PALM SPRINGS LAKES FL 33014-3254

2. Principal Place of Business 3. Mailing Address
7872 W. 16 Ct. SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palm Springs Lakes Fl.
Zip Country Zip Country
33014 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936624 Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Not Applicable

6. Name and Address of Current Registered Agent

MORALES, MARIA
7872 WEST 16TH COURT
PALM SPRINGS LAKES FL 33014

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	<input type="checkbox"/> Delete
P	MORALES, MARIA	7872 WEST 16TH COURT	PALM SPRINGS LAKES FL 33014	<input type="checkbox"/>
V	MORENO, PETER	7872 WEST 16TH COURT	PALM SPRINGS LAKES FL 33014	<input checked="" type="checkbox"/>
ST	MORALES, MAYKEL	7872 WEST 16TH COURT	PALM SPRINGS LAKES FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 (305) 824-19
Date Daytime Phone #