

# 201 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060898

1. Entity Name  
MCT HOLDING FLORIDA, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
05-02-2001 90123 043 \*\*\*150.00

Principal Place of Business  
3042 N FEDERAL HIGHWAY  
200  
FORT LAUDERDALE FL 33306

Mailing Address  
3042 N FEDERAL HIGHWAY  
200  
FORT LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
701 SE 2nd Court  
Suite, Apt. #, etc.

3. Mailing Address  
701 SE 2nd Court  
Suite, Apt. #, etc.

City & State  
Fort Lauderdale, FL  
Zip  
33301  
Country  
USA

City & State  
Fort Lauderdale, FL  
Zip  
33301  
Country  
USA

4. FEI Number 65-0932498  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PLUTO, FRANKLIN M  
3042 N FEDERAL HWY # 200  
FORT LAUDERDALE FL 33306

## 7. Name and Address of New Registered Agent

Name  
Pti To, Franklin M  
Street Address (P.O. Box Number is Not Acceptable)  
701 SE 2nd Court  
City  
Ft. Lauderdale FL Zip Code  
33301

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 Franklin Pti To 4-23-01  
(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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD PTITO, FRANKLIN M 3042 N FEDERAL HWY # 200 FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PTITO, KATHLEEN 3042 N FEDERAL HWY # 200 FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Pti To, Franklin M 701 SE 2nd Court Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pti To, Kathleen 701 SE 2nd Court Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Franklin Pti To 4-23-01 954-523-1295.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (10/00)