

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90331 010 ***150.00

DOCUMENT # P99000060898

1. Entity Name
MCT HOLDING FLORIDA, INC.



Principal Place of Business
701 SE 2ND COURT
FORT LAUDERDALE FL 33301

Mailing Address
701 SE 2ND COURT
FORT LAUDERDALE FL 33301

2. Principal Place of Business
5300 NW 12 Avenue

3. Mailing Address
5300 NW 12 Avenue

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.
#1

City & State
Font Laudende, FL

City & State
Font Laudende, FL

4. FEI Number 65-0932498

Applic For
Not Applicable

Zip Country
33309 USA

Zip Country
33309 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PTITO, FRANKLIN M
701 SE 2ND COURT
FORT LAUDERDALE FL 33301

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

5300 NW 12 Avenue, #1

City Zip Code
Font Laudende FL 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank Ptito**

4-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **PTITO, FRANKLIN M**
STREET ADDRESS **701 SE 2ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **PTITO, Franklin**
STREET ADDRESS **5300 NW 12 Avenue, #1**
CITY-ST-ZIP **Font Laudende, FL 33309**

TITLE **VD** ☒ Delete
NAME **PTITO, KATHLEEN**
STREET ADDRESS **701 SE 2ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VD** ☒ Change ☐ Addition
NAME **PTITO, Kathleen**
STREET ADDRESS **5300 NW 12 Avenue, #1**
CITY-ST-ZIP **Font Laudende, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 954-776-1698
Date Daytime Phone #

NOTED
AV

CR2E034 (10/02)