

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90091 025 ***150.00

DOCUMENT # P99000064323

1. Entity Name

MOUNT HOLDINGS INC.



Principal Place of Business Mailing Address
328 MINORCA AVE 2 FL **328 MINORCA AVE 2 FL**
CORAL GABLES, FL 33134 **CORAL GABLES, FL 33134**

2. Principal Place of Business
2600 DOUGLAS ROAD

3. Mailing Address
2600 DOUGLAS ROAD

Suite, Apt. #, etc.
PH 6

Suite, Apt. #, etc.
PH 6

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-1014481

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0046226

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
328 MINORCA AVENUE - 2ND FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
ORTIZ, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD
PH 6
 City
CORAL GABLES, FL Zip Code
33134

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, 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
D/S ☐ Delete
 NAME
ORTIZ, MICHAEL
 STREET ADDRESS
328 MINORCA AVENUE 2ND FLOOR
 CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
2600 DOUGLAS ROAD PH 6
CORAL GABLES, FL 33134

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Michael Ortiz

4/03/01

Date

305 476 5270

Daytime Phone #

CR2E034 (11/00)