

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90108 046 ***150.00

DOCUMENT # P99000065450

1. Entity Name

MOUNT TEMAN MANUFACTURER INC.

Principal Place of Business

4137 N.W. 132ND STREET
 MIAMI FL 33054

Mailing Address

4137 N.W. 132ND STREET
 MIAMI FL 33054-4510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936820

Applied For

Not Applicable

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

HARPER, MICHAEL
4137 N.W. 132ND STREET
MIAMI FL 33054

Name

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

City

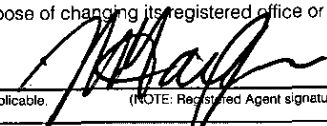
FL

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 **MICHAEL HARPER**

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



(NOTE: Registered Agent signature required when reinstating)

1-5-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY / OFFICE MAN. <input type="checkbox"/> Delete
NAME	MICAH HARPER
STREET ADDRESS	4137 N.W. 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	BUSINESS MANAGER <input type="checkbox"/> Delete
NAME	MICHAEL HARPER
STREET ADDRESS	4137 N.W. 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	WAREHOUSE MANAGER <input type="checkbox"/> Delete
NAME	DERICK HARPER
STREET ADDRESS	4137 N.W. 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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 another like empowered.

SIGNATURE:  **MICHAEL HARPER** **1-5-00** **769-0808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/99)