

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

0120940

**DOCUMENT # P99000065450**

1. Entity Name

**MOUNT TEMAN MANUFACTURER INC.**

04-05-2001 90006 007 \*\*\*150.00

Principal Place of Business

Mailing Address

**4137 N.W. 132ND STREET  
 MIAMI FL 33054**

**4137 N.W. 132ND STREET  
 MIAMI FL 33054**

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

DO NOT WRITE IN THIS SPACE



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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SOM</b>	<input type="checkbox"/> Delete
NAME	<b>MICAH, HARPER</b>	
STREET ADDRESS	<b>4317 NW 132 ST</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>WM</b>	<input type="checkbox"/> Delete
NAME	<b>DERICK, HARPER</b>	
STREET ADDRESS	<b>4137 NW 132ST</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>BM</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAEL, HARPER</b>	
STREET ADDRESS	<b>4137 NW 132 ST</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE		<input type="checkbox"/> Delete
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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		

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: \_\_\_\_\_

*Micah Harper*  
**MICAH HARPER**

1-11-01

Date

(305) 760-0808

Daytime Phone #

CR2E034 (10/00)