

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90224 049 \*\*\*150.00

**DOCUMENT # P99000065450**

**1. Entity Name**  
**MOUNT TEMAN MANUFACTURER INC.**

<b>Principal Place of Business</b> 4137 N.W. 132ND STREET MIAMI FL 33054	<b>Mailing Address</b> 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**

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

**7. Name and Address of New Registered Agent**

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** *[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, 2002 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 NAME <input type="checkbox"/> Delete <b>SOM MICAIAH, HARPER</b> STREET ADDRESS <b>4317 NW 132 ST</b> CITY-ST-ZIP <b>OPA LOCKA FL 33054</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete <b>WM DERICK, HARPER</b> STREET ADDRESS <b>4137 NW 132ST</b> CITY-ST-ZIP <b>OPA LOCKA FL 33054</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete <b>BM MICHAEL, HARPER</b> STREET ADDRESS <b>4137 NW 132 ST</b> CITY-ST-ZIP <b>OPA LOCKA FL 33054</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:** *[Signature]*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4-25-02*      Date      Daytime Phone #

CR2E034 (9/01)