

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000085545**

1. Entity Name

**MTA Enterprises Inc.**

FILED

01 MAY 23 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**MTA ENTERPRISES**  
**10097 CLEARY BLVD PMB 218**  
**PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

**SAME**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**2000-2001 UBR**

4. FEI Number

**65-0948796**

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

**NATALIE MAREE**

**10650 NW 1ST**

**PLANTATION FL 33324**

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 **Natalie Maree**

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

(NOTE: Registered Agent signature required when reinstating)

**5/18/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Delete

NAME **NATALIE MAREE**

STREET ADDRESS **10650 NW 1ST**

CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **President** ☐ Delete

NAME **Dominique Traddoc**

STREET ADDRESS **10650 NW 1st. St.**

CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

**201.25 - AR**

**10.00 - AR ARTS**

**88.75 - AR SUPP**

**8.75 - CEXT**

☐ Change ☐ Addition

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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

**4/9/01**

Date

Daytime Phone #

CR2E034 (11/00)