## '2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V39389** 1. Entity Name C M T INTERNATIONAL INC.

## FILED Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90141 035 \*\*\*150.00

Principal Plac	ce of Business		Mailing Address								
11020 SW 143 PLACE MIAMI FL 33186			P. O. BOX 52-2157 MIAMI FL 33152 US								
2. Principal F	Place of Business		3. Mailing Address			_					
Suite, Apt. #, etc.			Cuito And H and			_					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT W	RITE IN TH	IIS SPACE	
City & State			City & State			4. FEI Number 65-03354		111		Applied For Not Applicable	
Zip	Country		Zip	Countr	гу	5.	Certificate of	Status Desired	<del>-</del> -	\$8.75 A Fee Requi	dditional
	6. Name and Addres	ss of Current Re	gistered Agent	. 1		7.	Name and Ac	idress of Nev	v Register		
					Name						
	LINAR, PEDRO MANUI			-	Street Addres	ss (P.O. f	Box Number is	Not Accepta	hle)		
	2.W-49.STREET= .EAH FL 33012		en erent gang nyag dan sya	, <del></del>			30X 140(1)DOF (	- Total		7-34	
TIAL	EAU LE 22015			1							
				Ī	City				F	Zip Co	ode
9 The above	e named entity submits thi	s statement for th	a purpose of changing it	to rogistores	d office or regis		ا طفوط بو خوو	n tha Ctata af			
b. The above	e named entity submits the	s statement for th	e purpose or changing it	is registeret	a office of regis	stered ag	jent, or both, i	n ine State of	riorida.		
SIGNATURE .											
	Signature, typed or printed name of	of registered agent and	itle if applicable. (NO	TE: Registered	Agent signature requ	uired when r	einstating)	·· · · · · · · · · · · · · · · · · · ·	DAT	E	
9. This corne	oration is eligible to satisfy	No today and the	=11 = 11=11				T				
	oration is eligible to satisfy	/ its intangible	FILE NOW	/!!! FEE  :	S \$150.00		40 51 11		_, .		
Tax filing r	requirement and elects to	do so.	After MAY 1, 2	001 Fee w	vill be \$550.0			on Campaign I	-		00 May Be
Tax filing r		•		001 Fee w	vill be \$550.0			on Campaign I Fund Contribu	-		00 May Be ed to Fees
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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 ## dddf454, with all other like empowered.

**SIGNATURE:** 

594-9355