

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703857

1. Entity Name

MONTICELLO INC

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90029 050 ****61.25

Principal Place of Business P.O. BOX 23579 OAKLAND PARK FL 33307 US	Mailing Address 3110 NE 29TH ST FT LAUDERDALE FL 33308-7465 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3110 N.E. 29TH STREET Suite, Apt. #, etc. APT 16 City & State FT. LAUDERDALE Zip FLORIDA Country BROWARD	3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip 33308 Country U.S.A
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4. FEI Number 59-1283364	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RYBICKI, DOROTHY A. 3110 NE 29TH ST FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CELINO, ELEANOR 3110 NE 29TH ST FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYBICKI, D 3110 NE 29TH ST FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANNA P. SMITH 3110 N.E. 29TH STREET FT LAUDERDALE, FL 00000 <input checked="" type="checkbox"/> Delete DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, L. A. 3110 NE 29TH ST FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRAGAND, J 3110 NE 29TH ST FT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONSO, J 3110 NE 29TH ST FT LAUDERDALE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY A. RYBICKI 1-6-00 954-564-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)