

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90037 034 \*\*\*\*61.25

**DOCUMENT # 703857**

1. Entity Name

**MONTICELLO INC**

Principal Place of Business

Mailing Address

3110 NE 29TH ST  
 APT 16  
 FORT LAUDERDALE FL 33308  
 US

3110 NE 29TH ST  
 FT LAUDERDALE FL 33308  
 US

2. Principal Place of Business

3. Mailing Address

3110 N. E. 29<sup>TH</sup> ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16

SAME

City & State

City & State

FT. LAUDERDALE, FL

SAME

Zip

Country

Zip

Country

33308-7429

BROWARD

SAME

SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYBICKI, DOROTHY A.  
 3110 NE 29TH ST  
 FORT LAUDERDALE FL 33308

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

*Dorothy A. Rybicki (Dorothy A. Rybicki)*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONSO, J 3110 NE 29TH ST FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND V.P. SOLVA KIRKER 3110 N.E. 29TH ST # 7 FT. LAUDERDALE, FL 33308.	<input checked="" 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
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* SIGNATURE REQUIRED: *Dorothy A. Rybicki*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1-20-2001 Daytime Phone #: 954-564-3009



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)