

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90053 044 ****61.25

DOCUMENT # 703857

1. Entity Name

MONTICELLO INC

Principal Place of Business

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

Mailing Address

3110 NE 29TH ST
 FT LAUDERDALE FL 33308
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1283364

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 *[Signature]*

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	VT	<input checked="" type="checkbox"/> Delete
NAME	KIRKER, SOL V	
STREET ADDRESS	3110 N.E. 29TH ST. #7	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYBICKI, D	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, L. A.	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAGAND, J	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONSO, J	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULATI, P	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYGREN P	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBICKI, D	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSO J	
STREET ADDRESS	3110 NE 29TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

954 564 3163

Date

Daytime Phone #

CR2E037 (9/01)