

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90177 011 ****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

3110 NE 29th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number **59-1283364**

Applied For

☒ Not Applicable

Zip

33308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Patricia Gulati

Street Address (P.O. Box Number is Not Acceptable)

3110 NE 29th St.

Unit 11

City

Fort Lauderdale

FL

Zip Code

33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Patricia Gulati, Treasurer

(NOTE: Registered Agent signature required when reinstating)

JAN 19/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAINER, H.	
STREET ADDRESS	3110 NE 29th St	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 Required Patricia Gulati, Treasurer JAN 19/03 954-630-9885

CR2E037 (10/02)