

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90084 015 ****70.00

DOCUMENT # 707254

Entity Name

MONROE ARMS INC

Legal Place of Business MONROE ST., #9 HOLLYWOOD FL 33020	Mailing Address 5800 MARGATE BLVD STE 414 MARGATE FL 33063-3662
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		4. FEI Number 59-2606722
Zip	Country	Zip	Country

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUGUSTINE, LEONORA
MONROE ST 14
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p><input type="checkbox"/> Delete</p> <p>PD AUGUSTINE, LEONORA 1833 MONROE ST HOLLYWOOD FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>VP CROSBIE, NOREEN 1833 MONROE STREET HOLLYWOOD FL 33020</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input checked="" type="checkbox"/> Delete</p> <p>D MARTIN, BLANCHE 1833 MONROE STREET #21 HOLLYWOOD FL</p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>EDWARD G ALLERANI DIRECTOR 1833 MONROE ST HOLLYWOOD FL 33020</p>
<p><input type="checkbox"/> Delete</p> <p>D BOURGEOIS, DONALD 1833 MONROE ST 8 HOLLYWOOD FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>T AUGUSTINE, LEONORA 1833 MONROE ST HOLLYWOOD FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>S CAPONIGRO, MARIE 1833 MONROE STR #7 HOLLYWOOD FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>

CR2E037 (9/99)

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 REQUIRED** *Pro* **1-18-2000** **921 1975**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #