

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 003 ****70.00

DOCUMENT # 707254

1. Entity Name

MONROE ARMS INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1833 MONROE ST

Suite, Apt. #, etc.

#11

3. Mailing Address

5800 MARGATE BLVD

Suite, Apt. #, etc.

414

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

MARGATE FL

4. FEI Number

59-2606722

Applied For

Not Applicable

Zip

33020

Country

BLOWARD

Zip

33063

Country

BLOWARD

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

AUGUSTINE, LEONORA

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

1833 MONROE ST #11

City

HOLLYWOOD

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	AUGUSTINE, LEONORA	1833 MONROE ST	HOLLYWOOD FL 33020				
VP	CROSBIE NOREEN	1833 MONROE ST	HOLLYWOOD FL 33020				
D	GALLERANI, EDWARD	1833 MONROE ST	HOLLYWOOD FL 33020				
D	BOURGEOIS, DONALD	1833 MONROE ST #8	HOLLYWOOD FL 33020				
T	AUGUSTINE LEONORA	1833 MONROE ST	HOLLYWOOD FL 33020				
S	BOURGEOIS, VIRGINIA	1833 MONROE ST	HOLLYWOOD FL 33020				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

Leonora Augustine Pres

4/22/03 954-970-2980

CR2E037B (12/02)