

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90111 011 *****70.00

DOCUMENT # 749116

1. Entity Name

MONTAGE TOWNHOMES, INC.

VR

Principal Place of Business

Mailing Address

**3108 McDONALD STR
 MIAMI FL 33133
 US**

**3204 SHIPPING AVE
 MIAMI FL 33133
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2181488

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTH, MICHAEL
 3204 SHIPPING AVE
 MIAMI FL 33133**

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, 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
 After September 12, 2001, min. will be \$236.25**

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	PD LOPEZ, ALEXANDER 3108 McDONALD ST MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISCANTI, MICHAEL 3202 SHIPPING AVE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SOUTH, MICHAEL 3204 SHIPPING AVE MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE: MICHAEL SOUTH DST

7/8/01 (305) 445 5992

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CR2E037 (5/01)



DO NOT WRITE IN THIS SPACE