

FILED
Mar 06, 2003 8:00 am
Secretary of State

01-09-2003 90112 039 ****61.25

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

DOCUMENT # 749116

1. Entity Name

MONTAGE TOWNHOMES, INC.



Principal Place of Business

**3108 McDONALD STR
MIAMI FL 33133
US**

Mailing Address

**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 **50-2181488**

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. 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 resigning)

DATE

FILE NOW: FEE IS \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **LOPEZ, ALEXANDER** ☒ Delete
STREET ADDRESS **3108 McDONALD ST**
CITY-STATE-ZIP **MIAMI FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **EDUARDO ACOSTA**
STREET ADDRESS **3110 McDONALD ST.**
CITY-STATE-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Delete
NAME **VISCONTI, MICHAEL**
STREET ADDRESS **3202 SHIPPING AVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE **T** ☒ Change ☐ Addition
NAME **DAVID GIUSTINI**
STREET ADDRESS **3108 McDONALD ST.**
CITY-STATE-ZIP **MIAMI FL 33133**

TITLE **DST** ☐ Delete
NAME **SOUTH, MICHAEL**
STREET ADDRESS **3204 SHIPPING AVE**
CITY-STATE-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 OF MICHAEL SOUTH

1/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPREC037 (10/02)