

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000004669**

1. Entity Name

**CALMON ASSOCIATES, LTD. INCORPORATED**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90088 043 \*\*\*158.75

Principal Place of Business

Mailing Address

11371 NW 64TH TERR  
 MIAMI FL 33178  
 US

P.O. BOX 527261  
 MIAMI FL 33152-7261

2. Principal Place of Business

3. Mailing Address

**P.O. Box 226766**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI FL**

Zip

Country

Zip

Country

**33122-6766**

4. FEI Number **52-1295324**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCAS, HENRY**  
**806 CYPRESS GROVE LANE #503**  
**POMPANO BEACH FL 33069**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MONTANARO, LISANDRO</b>	
STREET ADDRESS	<b>5101 RIVER RD</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20816</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MONTANARO, ADOLFO</b>	
STREET ADDRESS	<b>5609 ARTESIAN DR.</b>	
CITY-ST-ZIP	<b>DERWOOD MD 20855</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONTANARO, CAROLYN</b>	
STREET ADDRESS	<b>5609 ARTESIAN DR.</b>	
CITY-ST-ZIP	<b>DERWOOD MD 20855</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MONTANARO, LISANDRO</b>	
STREET ADDRESS	<b>5101 RIVER RD</b>	
CITY-ST-ZIP	<b>BETHESDA MD 20816</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTHA MONTANARO</b>	
STREET ADDRESS	<b>11371 NW 64 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lisandro Montanaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-00 (305)418-4192

Date

Daytime Phone #