

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90129 005 ***150.00

DOCUMENT # G46306

1. Entity Name

MONKLANDS INVESTMENTS, INC.

Principal Place of Business

16459 NE 6TH AVENUE
 N. MIAMI BEACH FL 33162
 US

Mailing Address

16459 NE 6TH AVENUE
 N. MIAMI BEACH FL 33162-3675
 US

2. Principal Place of Business

2404 HOLLYWOOD BLVD.

3. Mailing Address

2404 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-2302875

Applied For

Not Applicable

Zip
33020

Country
U.S.

Zip
33020

Country
U.S.

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

RUTH, MITCHEL W
16459 N.E. 6TH AVENUE
N. MIAMI BEACH FL 33162

Name **STEVEN J. GLUECK**

Street Address (P.O. Box Number is Not Acceptable)
2404 HOLLYWOOD BLVD.

City **HOLLYWOOD FL** Zip Code **33020**

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 **(JOE SKLAR)**
 Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

STEVEN J. GLUECK **4/25/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SKLAR, JOE		
STREET ADDRESS	9 FINCHLEY RD.		
CITY-ST-ZIP	HAMPSTEAD MONTREAL		

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: **(Signature)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.00 **312/274-3551**
 Date Day/Time Phone #

CR2E034 (9/99)