

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90746 026 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **046306** *646306*

1. Entity Name
MONKLANDS INVESTMENTS, INC.

90123325

Principal Place of Business
**2404 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US**

Mailing Address
**2404 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2302875**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GLIECK, STEVEN J
2404 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

7. Name and Address of Next Registered Agent

Name

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

City FL Zip Code

I, 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 _____ DATE _____

Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Post**

10. OFFICERS AND DIRECTORS

TITLE	FD <input type="checkbox"/> Delete
NAME	MR. AR. JOE
STREET ADDRESS	8 FINCHLEY RD.
CITY-ST-ZIP	HAMPSTEAD MONTREAL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven J Glieck* Date: *April 29/03* *- 90746 925 9566*

Steven J Glieck PA
TOTAL P. 02

CR-2003 (1/02/02)