FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 2001 8:00 am **DOCUMENT # K94172 Secretary of State** 1. Entity Name MONTEVERDE, INC. 02-16-2001 90024 026 ***150.00 Principal Place of Business Mailing Address 314 PELICAN DR 314 PELICAN DR STUART FL 34996 STUART FL 34996 C0022225 2. Principal Place of Business 3. Mailing Address 1209 Timber Tinher Trail 1208 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-9126543 N.C. N. C . Not Applicable \$8.75 Additional 5._Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JIMENEZ, VICTOR Street Address (P.O. Box Number is Not Acceptable) 7330 ANDORA PLACE **BOCA RATON FL 33433** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE Jimenez, Victor Jimber Trail **Change** NAME NAME JIMENEZ, VICTOR J. STREET ADDRESS STREET ADDRESS 314 PELICAN DRIVE Emeral Liste, N.C. 28594 IC Dange CITY-ST-ZIP CITY-ST-ZIP STUART FL Delete TITLE TITLE NAME NAME JIMENEZ, ADRIENNE STREET ADDRESS STREET ADDRESS 314 PELICAN DR CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.