

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90085 032 ***150.00

A0038269

DOCUMENT # L64846
1. Entity Name
MONTEBO FINANCIAL GROUP, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
1323 S.E. THIRD AVENUE 1323 S.E. THIRD AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
FORT LAUDERDALE, FL FORT LAUDERDALE, FL
Zip **Country** **Zip** **Country**
33316 US 33316 US.

4. FEI Number **Applied For**
65-1256000 **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
LOVING, JACK R.
1323 S.E. THIRD AVE.
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PD</u>	<input type="checkbox"/> Delete
NAME	<u>Phipps, PATRICIA BURDINE</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>S</u>	<input type="checkbox"/> Delete
NAME	<u>BATES, BRETTE B</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>T</u>	<input type="checkbox"/> Delete
NAME	<u>HOOTON, ZADA DUTTON</u>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>1323 S.E. THIRD AVENUE</u>	
CITY-ST-ZIP	<u>FORT LAUDERDALE, FL 33316</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>1323 S.E. THIRD AVENUE</u>	
CITY-ST-ZIP	<u>FORT LAUDERDALE, FL 33316</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<u>1323 S.E. THIRD AVENUE</u>	
CITY-ST-ZIP	<u>FORT LAUDERDALE, FL 33316</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: PATRICIA B. PHIPPS MARCH 31, 2000 828 452 7861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)