

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90076 010 \*\*\*150.00

0229108

**DOCUMENT # M61747**

1. Entity Name  
**MONTIBAR CORPORATION**

Principal Place of Business  
**20803 BISCAYNE BLVD**  
**200**  
**AVENTURA FL 33180**  
**US**

Mailing Address  
**20803 BISCAYNE BLVD**  
**200**  
**AVENTURA FL 33180**  
**US**

2. Principal Place of Business  
**20801 BISCAYNE Blvd.**

3. Mailing Address  
**20801 BISCAYNE BLD.**

Suite, Apt. #, etc.  
**501**

Suite, Apt. #, etc.  
**501**

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA, FL**

Zip  
**33180**

Country  
**USA**

4. FEI Number **65-0060407** 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  
**KORN, GARY A.**  
**20803 BISCAYNE BLVD**  
**SUITE 200**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name **KORN, GARY A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20801 BISCAYNE BLVD.**  
**SUITE 501**  
 City **AVENTURA** FL Zip Code **33180**

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAMSAY, BRENDA L. 8130 LA MESA BLVD., 225 LA MESA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCICKIEWICZ, LINDA 8130 LA MESA BLVD., 225 LA MESA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDA MARCICKIEWICZ 8130 LA MESA BLVD., 225 LA MESA, CA 91941	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENDA L. RAMSAY 8130 LA MESA BLVD., 225 LA MESA, CA 91941	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Marcickiewicz* **LINDA MARCICKIEWICZ** 3/15/01 562-4872  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)