

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0309498 AV

DOCUMENT # M61747



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 AM 10:21

1. Entity Name
MONTIBAR CORPORATION

Principal Place of Business
**20801 BISCAYNE BLVD
SUITE 501
AVENTURA FL 33180
US**

Mailing Address
**20801 BISCAYNE BLVD
SUITE 501
AVENTURA FL 33180
US**



2. Principal Place of Business
**PMB #225
8130 LA MESA BLVD**

3. Mailing Address
971 BRINDCLIFF RD

Suite, Apt. #, etc.
LA MESA CA

Suite, Apt. #, etc.
TALLAHASSEE FL

City & State
LA MESA CA

City & State
TALLAHASSEE FL

Zip
91941

Country
USA

Zip
32308

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0060407** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KORN, GARY A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
Name **MICHAEL J. CONIGLIO**
Street Address (P.O. Box Number is Not Acceptable) **971 EAST TENNESSEE ST**
City **TALLAHASSEE FL** Zip Code **32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **19 APRIL 2003**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCICKIEWICZ, LINDA 8130 LA MESA BLVD., 225 LA MESA CA 91941 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400016127754 04/17/03--01003--022 **\$150.00
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LINDA MARCICKIEWICZ** 1-21-03 619-562-4872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)