FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
01-21-2003 90196 032 ***158.75

DOCUMENT # M66393

1. Entity Name
MONADYLINA PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
953 S W 93rd Terr.	953 S W 93rd Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Fl	City & State: Plantation, Fl.
Zip: 33324-3821 Country: US	Zip: 33324-3821 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0138504 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANGELA L. ELOUIDOR
Street Address (P.O. Box Number is Not Acceptable): 1133 S University Dr.
Suite 202
City: Plantation, Fl. FL Zip Code: 33324

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: Angela L. Elouidor /ANGELA L. ELOUIDOR, SEC. Reg Agent 2-13-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD KAHOK, SAMAR 953 S W 93rd Terr. Plantation, Fl. 33324-3821
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Samar Kahok (SAMAR KAHOK) /Director 2-13-03 954-4736334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #