2002 UNIFORM BUSINESS REPORT (UBR)

0181333 AV

DOCUMENT # P95000059989

1. Entity Name
MONYSTED CAPITAL CORP.

FILED
02 APR 22 AM 10:04
SECRETARY OF STATE

Principal Place of Business	Mailing Address
6050 NORTH WEST 68TH STREET PARKLAND FL 33067-4508	6050 NORTH WEST 68TH STREET PARKLAND FL 33067-4508

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5160 GREYSTONE WAY Suite, Apt. #, etc.	P.O. BOX 381595 Suite, Apt. #, etc.
City & State: BIRMINGHAM, AL	City & State: BIRMINGHAM, AL
Zip: 35242 Country:	Zip: 35242 Country:

4. FEI Number 65-0601330 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DECASTRO, DONALD S
6050 NORTH WEST 68TH STREET
PARKLAND FL 33067-4508

7. Name and Address of New Registered Agent

Name: DE CASTRO, ROY F.
Street Address (P.O. Box Number is Not Acceptable): 1036 ALAMEDA DRIVE
City: TALLAHASSEE FL Zip Code: 32317

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: Roy F. DeCastro Roy F. DeCastro 4-19-02.
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECASTRO, DONALD S 6050 NORTH WEST 68TH STREET PARKLAND FL 33067-4508	☐ Delete	P/S 5160 GREYSTONE WAY BIRMINGHAM, AL 35242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100005392691--0 -04/30/02--01054--025 ****158.75 ****158.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Donald A DeCastro PRESIDENT 4/16/02 (205) 408-7479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)