

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90119 050 ***150.00

DOCUMENT # P95000091706

1. Entity Name
MONTAGUE PROPERTIES, INC.

Principal Place of Business Mailing Address
% SHAPIRO, FREEDMAN & BLOOM, P.A. **LOEB, BLOCK & PARTNERS, LLP**
200 S BISCAYNE BLVD. STE 4750 **505 PARK AVE., 9TH FLOOR**
MIAMI FL 33131 **NEW YORK NY 10022-1106**

2. Principal Place of Business
LEONARD BLOOM PA

3. Mailing Address

Suite, Apt. #, etc.
201 S. Biscayne Blvd Ste 3000

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number **65-0622140**

Applied For
 Not Applicable

Zip **33131** Country **U.S.A.**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA RESIDENT AGENTS, INC
200 S BISCAYNE BLVD
SUITE 4750
MIAMI FL 33131

Name **B&C CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

201 S. BISCAYNE BLVD. STE. 3000

City **MIAMI** **FL** Zip Code **33131**

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 *Anna Salgado Vice President 4/26/00*
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD MASSAC, LINDA**
 STREET ADDRESS **505 PARK AVE.**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD HEWLETT GATH A T**
 STREET ADDRESS **505 PARK AVE**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT PENN, MYRTHLYN**
 STREET ADDRESS **505 PARK AVE.**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S RASCH, STEPHEN M**
 STREET ADDRESS **505 PARK AVE.**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Myrthlyn Penn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 *212-755-5510*
 Date Daytime Phone #