

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90112 017 ***150.00

DOCUMENT # P99000102809

1. Entity Name

MONTEFINO, CORP.

Principal Place of Business

**8305 SW 152ND AVE.
 SUITE 514
 MIAMI FL 33193**

Mailing Address

**8305 SW 152ND AVE.
 SUITE 514
 MIAMI FL 33193**

2. Principal Place of Business

17324 SW 138 Court
 Suite, Apt. #, etc.

3. Mailing Address

Same as Principal place
 Suite, Apt. #, etc.

City & State

Miami

City & State

Same as Principal place

4. FEI Number

05-0967341

Applied For

Not Applicable

Zip

33177

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VILLASENOR, PRISCILLA
 8305 SW 152ND AVE.
 SUITE 514
 MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

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

17324 SW 138th Court

City

Miami

FL

Zip Code

33177

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

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, 2000 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	<input type="checkbox"/> Delete
PD	CORDERO, FABIO	400 CPW APT 15 D	NEW YORK NY 10025	<input type="checkbox"/>
VD	MESA, JUAN G	8305 SW 152ND AVE. #514	MIAMI FL 33193	<input type="checkbox"/>
SD	VILLASENOR, PRISCILLA	8305 SW 152ND AVE. #514	MIAMI FL 33193	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabio Cordero 3/3/2000 (305) 992-3701

Date

Daytime Phone #

CR2E034 (9/99)