

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000070366

1. Entry Name

MONARCH PROPERTY DEVELOPMENT, INC.

04-26-2000 90165 024 \*\*\*150.00

P99000070366

SECRETARY OF STATE  
DIVISION OF CORPORATIO

00 AUG 23 PM 12:18

Principal Place of Business

Mailing Address

~~2000 N.E. 191ST ST., STE. 900  
AVENTURA FL 33180~~

~~2000 N.E. 191ST ST., STE. 900  
AVENTURA FL 33180~~

P.O. Box 3123  
CORAL GABLES, FL 33114

C/O M. BOWLER  
10585 S.W. 109th COURT  
SUITE 214, MIAMI, FL  
33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-098 9694

Applied For

Not Applicable

Zip

Country

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

~~SCHIFFMAN, ADAM R. ESQ.  
2999 N.E. 191ST ST., STE. 900  
AVENTURA FL 33180~~

Michael Bowler Esq.  
10585 SW 109th Ct  
Suite 214  
Miami FL 33176

Name MICHAEL BOWLER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
10585 S.W. 109th Ct.

STE. 214

City MIAMI

FL

Zip Code 33176

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

*Michael Bowler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE NAME     | DPST                    | <input type="checkbox"/> Delete |
| STREET ADDRESS | S. Bernstein            |                                 |
| CITY-ST-ZIP    | P.O. Box 3123           |                                 |
| TITLE NAME     | Coral Gables, Fl. 33114 | <input type="checkbox"/> Delete |
| STREET ADDRESS | 33114                   |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE NAME     |                         | <input type="checkbox"/> Delete |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *S. Bernstein* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

DATE

Daytime Phone #

CR2E034 (9/99)