

# 2001-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**  
 03-08-2001 90067 037 \*\*\*150.00

**DOCUMENT # P96000027192**

1. Entity Name  
**329, INC.**

Principal Place of Business

Mailing Address

~~18520 NW 67TH AVE~~  
~~PMB 373~~  
~~MIAMI FL 33015~~  
~~US~~

~~18520 NW 67TH AVE~~  
~~PMB 373~~  
 MIAMI FL 33015  
 US

031003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**17522 NW 61ST PLACE**  
 Suite, Apt. #, etc.

**17522 NW 61ST PLACE**  
 Suite, Apt. #, etc.

City & State

City & State

**HIALEAH, FL**

**HIALEAH, FL**

Zip

Country

**33015**

**MIAMI-DADE**

Zip

Country

**33015**

**MIAMI-DADE**

4. FEI Number

**65-0650921**

Applied For

Not Applicable

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

**MONTES, MEL F**  
**17522 NW 61ST PLACE**  
**HIALEAH FL 33015**

Name

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

City

**FL**

Zip Code

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, 2001 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 **DPS** ☐ Delete  
 NAME **MONTES, MEL F**  
 STREET ADDRESS **17522 NW 61ST PLACE**  
 CITY-ST-ZIP **HIALEAH FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/28/01**

**(305) 557-9492**

CR2E034 (10/00)