

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90040 022 \*\*\*150.00

**DOCUMENT # P00000080261**

**1. Entity Name**  
**MONOCAST, INC.**

**Principal Place of Business**  
**11669 COUNTRY VIEW LANE**  
**BOCA RATON FL 33428**

**Mailing Address**  
**11669 COUNTRY VIEW LANE**  
**BOCA RATON FL 33428**

**2. Principal Place of Business**

**2500 N Military Trail**

**3. Mailing Address**

**2500 N Military Trail**

Suite, Apt. #, etc.

**210**

Suite, Apt. #, etc.

**210**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

Zip

**33431**

Country

Zip

**33431**

Country

**4. FEI Number**

**65-1034947**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KURLAND, DANIEL**  
**11669 COUNTRY VIEW LANE**  
**BOCA RATON FL 33428**

**7. Name and Address of New Registered Agent**

Name

**Daniel Kurland**

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

**2500 N Military Trail #210**

City

**Boca Raton**

**FL**

Zip Code

**33431**

**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

**3/14/02**

**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**

**TITLE PD**  
**NAME KURLAND, DANIEL**  
**STREET ADDRESS 11669 COUNTRY VIEW LANE**  
**CITY-ST-ZIP BOCA RATON FL 33428** ☐ Delete

**TITLE D**  
**NAME KURLAND, SCOTT**  
**STREET ADDRESS 11669 COUNTRY VIEW LANE**  
**CITY-ST-ZIP BOCA RATON FL 33428** ☐ Delete

**TITLE D**  
**NAME SAFER, PATRICIA**  
**STREET ADDRESS 11669 COUNTRY VIEW LANE**  
**CITY-ST-ZIP BOCA RATON FL 33428** ☐ Delete

**TITLE D**  
**NAME ARMAND, KARIM**  
**STREET ADDRESS 1221 BRICKELL AVENUE SUITE 1600**  
**CITY-ST-ZIP MIAMI FL 33131** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE PD**  
**NAME Kurland, Daniel** ☒ Change ☐ Addition  
**STREET ADDRESS 2500 N Military Trail Suite 210**  
**CITY-ST-ZIP Boca Raton, FL 33431**

**TITLE D**  
**NAME Scott Kurland** ☒ Change ☐ Addition  
**STREET ADDRESS 2500 N Military Trail Suite 210**  
**CITY-ST-ZIP Boca Raton FL 33431**

**TITLE D**  
**NAME SAFER, Patricia** ☒ Change ☐ Addition  
**STREET ADDRESS 2500 N Military Trail Suite 210**  
**CITY-ST-ZIP Boca Raton, FL 33431**

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

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/14/02 561893 0499**  
 Date Daytime Phone #

CR2E034 (9/01)