

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90036 004 ***150.00

DOCUMENT # F97048

1. Entity Name
MONTICA CORP.



Principal Place of Business
**1320 S. DIXIE HIGHWAY
SUITE 1120
CORAL GABLES FL 33146**

Mailing Address
**1320 S. DIXIE HIGHWAY
SUITE 1120
CORAL GABLES FL 33146**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2235223**

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

**NEWMAN, MARK J.
330 BISCAYNE BOULEVARD NORTH, SUITE 500
MIAMI FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TINOCO, MARIA EUGENIA 2299 SW 37TH AVENUE SIOTE 301 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer JOHN O'ROURKE III 1320 S. DIXIE HWY, Suite 1120 CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'ROURKE, MARIA 2299 SW 37TH AVENUE SUITE 301 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TINOCO, MARIA EUGENIA 1320 S. DIXIE HWY, Suite 1120 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TINOCO, JUAN A 2299 SW 37TH AVENUE SUITE 301 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'ROURKE, MARIA EUGENIA 1320 S. DIXIE HWY, Suite 1120 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

JOHN O'ROURKE III Treasurer 1/07/03 305-465-3966

Date

Daytime Phone #