


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90125 005 ***150.00

DOCUMENT # P99000070366
1. Entity Name
MONARCH PROPERTY DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO Box 3123 Suite, Apt. #, etc.		3. Mailing Address C/O S. Bernstein Suite, Apt. #, etc. PO Box 3123	
City & State Coral Gables		City & State Coral Gables, FL	
Zip 33114	Country Miami-Dade	Zip 33114	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0989694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Bowler, Michael**

Street Address (P.O. Box Number is Not Acceptable)
12590 SW 96th Street

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Bernstein, S. P.O. Box 3123 Coral Gables, FL 33114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: S. Bernstein, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03 **305 773-0615**
Date Daytime Phone #