

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 232201

1. Entity Name

MONTY'S 5 & 10 STORES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90115 043 ***150.00

LU0003400



DO NOT WRITE IN THIS SPACE

Principal Place of Business
112 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308

Mailing Address
112 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33308-3604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0754403

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

MONTGOMERY, JAMES S
1581 NE 45 TH ST
OAKLAND PARK FL 33334

Name RUTH MONTGOMERY
Street Address (P.O. Box Number is Not Acceptable)
1593 NE 45 ST
City OAKLAND PARK FL Zip Code 33334

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, 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 PD
NAME MONTGOMERY, E. A.
STREET ADDRESS 4570 TRADEWINDS AVE W.
CITY-ST-ZIP LAUD BY SEA FL ☐ Delete

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

TITLE VD
NAME SUZANNE MAGUIRE
STREET ADDRESS 591 SE 114TH ST
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

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

TITLE ST
NAME MONTGOMERY, JAMES S.
STREET ADDRESS 1581 NE 45TH ST.
CITY-ST-ZIP OAKLAND PARK FL ☒ Delete

TITLE SEC/TREAS.
NAME RUTH MONTGOMERY
STREET ADDRESS 1593 NE 45 ST
CITY-ST-ZIP OAKLAND PARK, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Ruth Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000
Date

954-776-6746
Daytime Phone #

CR2E034 (9/99)