

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520806

Entity Name
MONTEREY DEVELOPMENT, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90018 004 ***158.75

Principal Place of Business	Mailing Address
DR. ANDRE'S WAY B BCH. FL 33445	1375 WEST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442-1719 US

Principal Place of Business	3. Mailing Address
375 West Hillsboro Blvd Suite, Apt. #, etc.	SAME AS ABOVE Suite, Apt. #, etc.

City & State	City & State
Deerfield Beach, FL	
Zip	Country
33442-1719	Broward

4. FEI Number	59-1708940	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ANDERSON, NORMAN E
1301 PARTRIDGE PL N
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, NORMAN E.	NAME	
STREET ADDRESS	1301 PARTRIDGE PLACE NO	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JEFFREY M.	NAME	
STREET ADDRESS	1396 PARTRIDGE PLACE NO	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 3343	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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: NORMAN E. ANDERSON Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-8-2000 Daytime Phone #: 954-421-7888