

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90049 029 \*\*\*150.00

**DOCUMENT # 852801**

1. Entity Name  
**MONTICELLI INVESTMENTS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>% HELGA J. MARKOVICS</b><br><b>1518 STATE AVENUE "A"</b><br><b>HOLLY HILL FL 32117</b><br><b>US</b> | Mailing Address<br><b>% HELGA J. MARKOVICS</b><br><b>1518 STATE AVENUE "A"</b><br><b>HOLLY HILL FL 32117</b><br><b>US</b> |
|---|---|

**C0035022**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>59-2750149</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|---------------------------------|--|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|-----|---------|-----|---------|---|

6. Name and Address of Current Registered Agent  
**MARKOVICS, HELGA J.**  
**1518 STATE AVENUE**  
**UNIT A**  
**HOLLY HILL FL 32117**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>FRANCESCHI, MAURO</b><br><b>AVE. 15 ESQ. CALLE 70</b><br><b>MARACAIBO, VENEZUELA</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>LARICE, ROBERTO</b><br><b>AVE. 15 ESQ. CALLE 70</b><br><b>MARACAIBO, VENEZUELA</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>FRANCESCHI, JUAN GUIDO</b><br><b>AVE. 15 ESQ. CALLE 70</b><br><b>MARACAIBO, VENEZUELA</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>MALVENTANO, FRANCISCO</b><br><b>AVE. 15 ESQ. CALLE 70</b><br><b>MARACAIBO, VENEZUELA</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>FRANCESCHI, SANTE</b><br><b>AVE. 15 ESQ. CALLE 70</b><br><b>MARACAIBO, VENEZUELA</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>MARKOVICS, HELGA J.(ASST)</b><br><b>19 RIDGE TRAIL</b><br><b>ORMOND BEACH FL</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 lists empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 386-677-3741  
 Date Daytime Phone #

CR2E034 (10/00)