

# 2002 UNIFORM BUSINESS REPORT (UBR)

\$526.35

DOCUMENT # **A25932**

1. Entity Name

**MONTENAY-DADE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 AM 11:20

WR  
5/17

Principal Place of Business

3225 AVIATION AVENUE  
4TH FLOOR  
MIAMI FL 33133

Mailing Address

3225 AVIATION AVENUE  
4TH FLOOR  
MIAMI FL 33133



2. Principal Place of Business

6990 NW 97 AVENUE

3. Mailing Address

6990 NW 97 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0108258

Applied For

Not Applicable

Zip

33178

Country

Zip

33178

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301

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

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

DATE

9. Capital Contributions as Shown on record.

\$54,459,900.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # H61082  
NAME MONTENAY POWER CORP.  
STREET ADDRESS 3225 AVIATION AVE 4TH FL  
CITY-ST-ZIP MIAMI FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6990 NW 97 AVENUE

CITY-ST-ZIP

Miami, FL 33178

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

600005431396--4

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CRISTINA CONDE

RECEIVED

02-15-2002

(305) 418-3185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)