

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000004208**1. Entity Name
MONTENEGRO CIVICO INTERNACIONAL INC.Principal Place of Business
P.O. BOX 1697
MORRISTOWN NJ 07960Mailing Address
P.O. BOX 1697
MORRISTOWN NJ 07960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

ACOSTA YOLANDA
1908 DOOMAR DRIVETALLAHASSEE FL
32308 US

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 **YOLANDA ACOSTA**

03/13/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LONDON CARLOS	
STREET ADDRESS	44 ORAM DRIVE	
CITY-ST-ZIP	DOVER NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PARRA CARLOS A	
STREET ADDRESS	112 BELL AVE.	
CITY-ST-ZIP	HOPATEONG NJ 07843	
TITLE	5	<input type="checkbox"/> Delete
NAME	BOTERO CESAR	
STREET ADDRESS	7 ANDERSON STREET	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOTERO CESAR	
STREET ADDRESS	10 HARRISON STREET	
CITY-ST-ZIP	MORRISTOWN NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRA FERNANDO	
STREET ADDRESS	10 CLINTON STREET	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERRERA MARIO	
STREET ADDRESS	37 WESTERN AVENUE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON CARLOS	
STREET ADDRESS	44 ORAM DRIVE	
CITY-ST-ZIP	DOVER NJ 07801	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA MARIO A	
STREET ADDRESS	37 WESTERN AVE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIRRE LUIS	
STREET ADDRESS	27 WESTERN AVE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA CARLOS	
STREET ADDRESS	112 BELL AVE	
CITY-ST-ZIP	HOPATCONG NJ 07843	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos A Parra

Pres

03/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)