

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24971

1. Entity Name

MONEL, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90131 027 ***150.00

Principal Place of Business

Mailing Address

2770 NW 24TH STREET
FL 33142-7088

2770 NW 24TH STREET
MIAMI FL 33142-7006

C0007974



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2099840

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

DOBIN, DAVID M
4555 ADAMS AVENUE
MIAMI BEACH FL 33140

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 then 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	CDT	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ROBERT M.	
STREET ADDRESS	2770 NW 24TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUENAS, ROBERTO M.	
STREET ADDRESS	2770 NW 24TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOBIN, DAVID M.	
STREET ADDRESS	4555 ADAMS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GOODIN, MONICA J.	
STREET ADDRESS	2770 NW 24TH ST.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALSKY, ROBERT P	
STREET ADDRESS	2770 NW 24 STR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		

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:

Roberto M Duenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto M Duenas, President 1/6/00 305-635-7331

Date

Daytime Phone #

CR2E034 (9/99)