FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90807 040 \*\*\*550.00

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Principal Plac	ce of Business	Mailing Address							
1052 N.W. 53RD STREET			1052 N.W. 53RD STREET						
FT. LAUDERD	ALE FL 33309	ft. Lauderdale	FL 33309						
2. Principal P	Place of Business	3. Mailing Address	s				<b>.,</b> 1414., 404 <b></b>		
Cuito Ant	# 010	Suite, Apt. #, etc				DO NOT V	VRITE IN THIS SE	DACE.	
Suite, Apt.	. #, е.с.	Suite, Apt. #, et	<b>C</b> .		i	DO NOT V	AUTE IN THIS SE	ACE	
City & Stat	te	City & State			<b>4.</b> F	El Number 59-21415	598	<b>⊢</b>	Applied For
Zip Country		Zip	Zip Country					8.75 A	lot Applicable
2.0						Certificate of Status Desire	i	ee Requir	
	6. Name and Address of Curre	ent Registered Agent		Name		ame and Address of Ne	w.Registered A	gent	
MONTI, LI	EC				,				
	/. 53RD STREET				dress (P.O. Bo	ox Number is Not Accept	able)		
	ERDALE FL 33309								
٠	•			City			FL	Zip Co	de
The chave	e named entity submits this statemen	t for the purpose of chan	naina ite realeter	ed office or r	registered and	ent or both in the State o		<u> </u>	
b. The above	s named entity submits this statemen	icitor the purpose of chan	iging its register	ca onice or r	rogiciorou age	one, or boun, in this state o	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE .		<u>_</u>							
	Signature, typed or printed name of registered as	gent and title if applicable.	(NQTE: Registere	d Agent signature	e required when rei	nstating)	DATE		
(			NOW!!! FEE	IC \$150 N	Λ I				
	oration is eligible to satisfy its intang					<ol><li>10. Election Campaign</li></ol>			00 May Be
Tax filing	oration is eligible to satisfy its intang requirement and elects to do so. ria on back)	After Ma	y 1, 2002 Fee Payable to D	will be \$55	60.00	<ol> <li>Election Campaigr</li> <li>Trust Fund Contrib</li> </ol>			00 May Be ed to Fees
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13. 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 trigiste 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.

**2002 UNIFORM BUSINESS REPORT (UBR)** 

F55733

**DOCUMENT #** 

MONTI DISTRIBUTING CO.

1. Entity Name