

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004669

1. Entity Name

CALMON ASSOCIATES, LTD. INCORPORATED

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90088 043 ***158.75

Principal Place of Business

11371 NW 64TH TERR
MIAMI FL 33178
US

Mailing Address

P.O. BOX 527261
MIAMI FL 33152-7261

2. Principal Place of Business

3. Mailing Address

P.O. Box 226766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

Zip

Country

Zip

Country

33122-6766



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1295324

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, HENRY
806 CYPRESS GROVE LANE #503
POMPANO BEACH FL 33069

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.

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTANARO, LISANDRO	
STREET ADDRESS	5101 RIVER RD	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTANARO, ADOLFO	
STREET ADDRESS	5609 ARTESIAN DR.	
CITY-ST-ZIP	DERWOOD MD 20855	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONTANARO, CAROLYN	
STREET ADDRESS	5609 ARTESIAN DR.	
CITY-ST-ZIP	DERWOOD MD 20855	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTANARO, LISANDRO	
STREET ADDRESS	5101 RIVER RD	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA MONTANARO	
STREET ADDRESS	11371 NW 64 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-00 (305) 418-4192

Date

Daytime Phone #