

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005418

1. Entity Name

MONTE PACKAGE COMPANY

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90272 018 \*\*\*550.00

Principal Place of Business

PO BOX 126  
 3752 RIVERSIDE ROAD  
 RIVERSIDE MI 49084

Mailing Address

PO BOX 126  
 3752 RIVERSIDE ROAD  
 RIVERSIDE MI 49084

2. Principal Place of Business

12551 SR 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Zip

33437

Country

Country

4. FEI Number 38-2386922

Applied For

Not Applicable

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

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, 2001 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 PS ☐ Delete  
 NAME MONTE, SALVATORE P  
 STREET ADDRESS 3752 RIVERSIDE ROAD  
 CITY-ST-ZIP RIVERSIDE MI 49084

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME MONTE, CONSTANCE J  
 STREET ADDRESS 3752 RIVERSIDE ROAD  
 CITY-ST-ZIP RIVERSIDE MI 49084

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Salvatore P Monte*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salvatore P Monte

8/30/01

616 849-1722

Date

Daytime Phone #

CR2E034 (10/00)