

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90041 034 ***150.00

DOCUMENT # F97000005977

1. Entity Name

MONARCH TRADING LIMITED, INC.

Principal Place of Business

PO BOX 402623

MIAMI BEACH FL 33140-0623

Mailing Address

PO BOX 402623

MIAMI BEACH FL 33140-0623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3194429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLAM, STEVEN R
5601 COLLINS AVE., SUITE 801
MIAMI BEACH FL 33140

**CHANGE OF
ADDRESS ONLY**

7. Name and Address of New Registered Agent

STEVEN R. SCHLAM
5555 COLLINS AVENUE, SUITE #4F
MIAMI BEACH FL 33140

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 **Steven R. Schlamm, PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/02

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, 2002 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 **PCT**
NAME **SCHLAM, STEVEN R**
STREET ADDRESS **5601 COLLINS AVE., #801**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

☐ Delete

TITLE **SVC**
NAME **SCHLAM, CAROLYN**
STREET ADDRESS **5601 COLLINS AVE., #801**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCT**
NAME **SCHLAM, STEVEN R.**
STREET ADDRESS **5555 COLLINS AVE., SUITE #4F**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

☒ Change ☐ Addition

TITLE **SVC**
NAME **CAROLYN SCHLAM**
STREET ADDRESS **534 N.E. 92ND ST.**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/01)