## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Feb 20, 2000 8:00 am **DOCUMENT # G37359 Secretary of State** 1. Entity Name ROBERT G. MONAS P.A. 02-20-2000 90042 018 \*\*\*150.00 Principal Place of Business Mailing Address 10211 W. SAMPLE RD. 10211 W. SAMPLE RD. STE 214 STE 214 7:758: CORAL SPGS FL 33065-3991 CORAL SPGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite Apt #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FF: Number 59-2280746 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONAS, ROBERT G. Street Address (P.O. Box Number is Not Acceptable) 10211 W. SAMPLE RD. SUITE 214 CORAL SPGS FL 33065 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 (NOTE Registered Agent's grature required when remotal 13) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax fling requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) Make Check Psyable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVS** nc fibbA 🔲 TITLE 🗀 Orange TITLE ☐ Delete MONAS, ROBERT G NAME 10211 W. SAMPLE RD., SUITE #214 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP CORAL SPGS FL Change [fi] Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change. Add tion TITLE Delete TILE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition AME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete THEF ☐ Change Addition NAME MAZIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(). Florida Statutes. If urther 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 Brock 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Comparison | Co