

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46582

1. Entity Name  
MONUFAIR INVESTMENTS, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90050 001 \*\*\*150.00

Principal Place of Business  
2929 E. COMMERCIAL BLVD  
SUITE 409  
FT. LAUDERDALE FL 33308  
US

Mailing Address  
2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308-4220  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0002532  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BARNES, JOSEPH B.  
2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308

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	PD	<input type="checkbox"/> Delete
NAME	NIGG, ERNST	
STREET ADDRESS	9490 VADUZ, LET. #10	
CITY-ST-ZIP	LIECHTENSTEIN	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NIGG, ANNMARIE	
STREET ADDRESS	9490 VADUZ, LET. #10	
CITY-ST-ZIP	LIECHTENSTEIN	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	LEYDIG, DIANE M.	
STREET ADDRESS	2929 E. COMMERCIAL BLVD., SUITE 409	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vicki D. Gates	
STREET ADDRESS	2929 E. Commercial Blvd., #409	
CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christy L. Cox	
STREET ADDRESS	2929 E. Commercial Blvd., #409	
CITY-ST-ZIP	Ft. Lauderdale, FL	
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: *Vicki D. Gates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00 954-491-1950  
Date Daytime Phone #

CR2E034 (9/99)