

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90073 023 ***150.00

DOCUMENT # J46582

1. Entity Name
MONUFAIR INVESTMENTS, INC.



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
US**

20001030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0002532**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BARNES, JOSEPH B.
2929 E. COMMERCIAL BLVD.
SUITE 409
FT. LAUDERDALE FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Delete
NAME	GATES, VICKIE	
STREET ADDRESS	2929 E. COMMERCIAL BLVD. #409	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	COX, CHRISTY L	
STREET ADDRESS	2929 E. COMMERCIAL BLVD 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"/> 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	
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

1-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)