

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90118 034 ***150.00

0026390 AV

DOCUMENT # K08535
1. Entity Name
MONTE CARLO CONSTRUCTION COMPANY



Principal Place of Business
**442 CRANES LANDING CT.
JACKSONVILLE FL 32216**

Mailing Address
**442 CRANES LANDING CT.
JACKSONVILLE FL 32216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2879724**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**FISCETTE, JAMES A.
1916 GULF LIFE TOWER
JACKSONVILLE FL 32207**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ALVAREZ, RAY R.	
STREET ADDRESS	442 CRANES LANDING CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOYCE L.	
STREET ADDRESS	442 CRANES LANDING CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALVAREZ, JAMES C	
STREET ADDRESS	442 CRANES LANDING CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	V	<input type="checkbox"/> Delete
NAME	Alvarez, ray, R. Jr.	
STREET ADDRESS	442 Cranes Landing Ct.	
CITY-ST-ZIP	Jax, Fl. 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alvarez, Ray R. Jr.	
STREET ADDRESS	442 Cranes Landing Ct.	
CITY-ST-ZIP	Jax, Fl. 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ray R. Alvarez **REQUIRED Pro** 4-1-03 904 721 1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)