

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90378 011 ***150.00

DOCUMENT # K11636
 1. Entity Name
MONTEAGUDO ENTERPRISES, INC.

Principal Place of Business % MARIA P. FRANCO 851 BAYBREEZE LANE ALTAMONTE SPRINGS FL 32714	Mailing Address % MARIA P. FRANCO 851 BAYBREEZE LANE ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 108 Wymore Rd. Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 160642 Suite, Apt. #, etc.
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City & State Winter Park, Florida	City & State Altamonte Springs, FL	4. FEI Number 59-2865089	Applied For Not Applicable
Zip 32789	Country Orange	Zip 32716-0642	Country Seminole

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FRANCO, MARIA P.
851 BAYBREEZE LANE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	FRANCO, JOSE S
STREET ADDRESS	851 BAYBREEZE LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	D <input type="checkbox"/> Delete
NAME	FRANCO, MARIA P.
STREET ADDRESS	851 BAYBREEZE LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	S <input type="checkbox"/> Delete
NAME	POLOCHE, DORALY A
STREET ADDRESS	153 DAHALIA DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	P <input type="checkbox"/> Delete
NAME	POLOCHE, SAMUES A
STREET ADDRESS	153 DAHALIA DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, JOSE S
STREET ADDRESS	938 Piedmont Wekiva Rd.
CITY-ST-ZIP	Apopka, FL 32703-5829
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, MARIA P.
STREET ADDRESS	938 Piedmont Wekiva Rd.
CITY-ST-ZIP	Apopka, FL 32703-5829
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)(j), 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: **Maria P. Franco - Director (407)832-8019**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)