

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90092 043 ***150.00

DOCUMENT # K73473

1. Entity Name

MONES & FERNANDEZ, INC.

Principal Place of Business

Mailing Address

18815 TRACER DR
 315
 TAMPA FL 33607
 US

1411 N. WESTSHORE BLVD.
 315
 TAMPA FL 33607
 US

2. Principal Place of Business

3. Mailing Address

1411 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

315

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33607

USA

4. FEI Number **59-2939837**

Applied For

Not Applicable

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

**LOPEZ JR AL R
 4600 W CYPRESS ST
 STE 500
 TAMPA FL 33607**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MONES JOYCE F	
STREET ADDRESS	C/O 18815 TRACER DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONES MICHAEL	
STREET ADDRESS	C/O 18815 TRACER DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MONES JOYCE F	
STREET ADDRESS	C/O 18815 TRACER DR	
CITY-ST-ZIP	TAMPA 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		

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-01

Date

813-289-0192

Daytime Phone #

CR2E034 (10/00)

0342598