

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90729 037 ***150.00

DOCUMENT # K73473

1. Entity Name

MONES & FERNANDEZ, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1411N WESTSHORE BLVD

3. Mailing Address

1411 N.WESTSHORE BLVD

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

315

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

U.S.

Zip

33607

Country

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME MONES, JOYCE F
STREET ADDRESS 1411 N. WESTSHORE BLVD, #315
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MONES, MICHAEL
STREET ADDRESS 1411 N WESTSHORE BLVD #315
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME MONES, JOYCE F
STREET ADDRESS 1411 N WESTSHORE BLVD., #315
CITY-ST-ZIP TAMPA, FL

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce F. Mones* Joyce F. Mones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/02

Date

813-289-0192

Daytime Phone #

CR2E034B (12/01)