## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 17, 2002 8:00 am Secretary of State K96599 DOCUMENT # 1. Entity Name MONTAURO INC. 02-17-2002 90078 022 \*\*\*150.00 Principal Place of Business Mailing Address % SALVATORE PROCOPIO % SALVATORE PROCOPIO 2325 W KENMORE AVE 2325 W KENMORE AVE TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2954325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROCOPIO, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 2325 W KENMORE AVE TAMPA FL 33604 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition PROCOPIO, SALVATORE NAME STREET ADDRESS 2325 W KENMORE AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME PROCOPIO, MRS. LIBERATA NAME STREET ADDRESS. 2325 W KENMORE AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP tampa fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CÎTY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receiver or trusfee 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 of the receiver of trusfee empowered.

CITY-ST-ZIP

SIGNATURE: \( \)

CITY-ST-ZIP

CR2E034 (9/01)