

2001 UNIFORM BUSINESS REPORT (UBR)

0013022 AF

DOCUMENT # L00000014231

1. Entity Name

MONSTER AD COMPANY, L.L.C.

FILED
01 MAR 30 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5722 S. FLAMINGO RD. #319
COOPER CITY FL 33330

Mailing Address

5722 S. FLAMINGO RD. #319
COOPER CITY FL 33330

2. Principal Place of Business

5722 Flamingo Rd #319

3. Mailing Address

5722 S Flamingo Rd #319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Cooper City, FL

4. FEI Number

65-1058162

Applied For

Not Applicable

Zip

33330

Country

Broward

Zip

33330

Country

Broward

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MELAND & RUSSIN, P.A.
2420 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

2/26/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ESTELLE AMARANT
5722 S. FLAMINGO RD. #319
COOPER CITY, FL 33330

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGREM

☐ Change

☒ Addition

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☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/26/01

CR2E083 (11/00)