

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25811

1. Entity Name
MONTE CARLO ENTERPRISES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90190 045 ***150.00

Principal Place of Business
4733 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34746

Mailing Address
4733 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34746

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0152952** ☒ 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

SEABREEZE BOOKKEEPING TAX SERVICE
101 SEABREEZE BLVD.
SUITE 108
DAYTONA BEACH FL 32118

Name **Seabreeze Bookkeeping Tax Service**
Street Address (P.O. Box Number is Not Acceptable)
944 South Ridgewood Avenue
City **Daytona Beach, FL** Zip Code **32114**

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 **DP** ☐ Delete
NAME **CHEN, YU-LING**
STREET ADDRESS **4733 W. IRLO BRONSON HIGHWAY**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **Manager** ☐ Change ☒ Addition
NAME **R - Chen Chen**
STREET ADDRESS **4810 W Irlo Bronson Hwy,**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Yu-Ling Chen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 407-396-4700
Date Daytime Phone #

CR2E034 (10/00)