

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90676 040 ***150.00

DOCUMENT # L25811

1. Entity Name
MONTE CARLO ENTERPRISES, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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
944 SOUTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114**

Name
SEABREEZE BOOKKEEPING & TAX SERVICE
Street Address (P.O. Box Number is Not Acceptable)
441 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114
City **DAYTONA BEACH** **FL** Zip **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **CHEN, TE-CHU**
CITY-ST-ZIP **4810 W IRLO BRONSON HWY.**
KISSIMMEE FL 34746

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

3/12/03

407-396-4700

CR2E034 (10/02)