

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56934

1. Entity Name

MONTALVO PROPERTIES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90007 008 ***158.75

Principal Place of Business

401 NE 121 ST
N MIAMI FL 33161
US

Mailing Address

P O BOX 210891
ROYAL PALM BEACH FL 33421-0891
US

2. Principal Place of Business

401 N.E. 121 st
Suite, Apt. #, etc.
N. Miami Fl 33161
City & State
North Miami

3. Mailing Address

P.O. Box 210891
Suite, Apt. #, etc.
Royal Palm Bch 33421
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3055842

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

MONTALVO, OLGA
11875 S RAMBLING DR
WELLINGTON FL 33414

Name

Same

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

Olga V. Montalvo Director

1-31-00

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MONTALSO, RAMON
11875 S RAMBLING DR
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Olga Montalvo Director ☐ Change ☒ Addition
11875 S. Rambling Dr.
Wellington Fl 33414 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MONTALVO, OLGA
11875 S RAMBLING DR
WELLINGTON FL 33414 ☐ Delete

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

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☐ Change ☐ Addition

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:

Olga V. Montalvo Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

CR2E034 (9/99)