

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90095 001 \*\*\*550.00  
 09-08-2002 90095 002 \*\*\*\*\*8.75

**DOCUMENT # L56934**

1. Entity Name  
**MONTALVO PROPERTIES, INC.**

Principal Place of Business

401 NE 121 ST  
 N MIAMI FL 33161  
 US

Mailing Address

P O BOX 210891  
 ROYAL PALM BEACH FL 33421  
 US

2. Principal Place of Business

P.O. Box 210891  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 210891  
 Suite, Apt. #, etc.  
 Royal Palm Beach

City & State

Royal Palm Beach  
 FL 33421  
 Country

City & State

Royal Palm Beach  
 FL 33421  
 Country

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

**MONTALVO, OLGA**  
**11875 S RAMBLING DR**  
**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **Ramo MONTALVO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Same**  
 City **FL** Zip Code **33414**

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 *Olga M. Montalvo*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>MONTALVO, RAMON</b>	
STREET ADDRESS	<b>11875 S RAMBLING DR</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MONTALVO, OLGA</b>	
STREET ADDRESS	<b>11875 S RAMBLING DR</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MONTALVO, OLGA</b>	
STREET ADDRESS	<b>11875 S RAMBLING DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ramo M. Montalvo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-02 561-906-2501  
 Date Daytime Phone #

CR2E034 (4/02)