


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90877 001 \*\*\*155.00  
04-07-2003 90877 002 \*\*\*\*\*8.75

**DOCUMENT # L56934**

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



Principal Place of Business  
**PO BOX 210891  
ROYAL PALM BEACH FL 33421  
US**

Mailing Address  
**PO BOX 210891  
ROYAL PALM BEACH FL 33421  
US**

2. Principal Place of Business  
**11875 S. Rambling Dr.**

3. Mailing Address  
**P.O. Box 210891**

Suite, Apt. #, etc.  
**Royal Palm Beach**

City & State  
**Wellington FL**

City & State  
**Florida**

Zip  
**33414**

Country  
**USA**

Zip  
**33421**

Country  
**USA**

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, RAMO  
11875 S RAMBLING DR  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent  
Name  
**Olga Montalvo**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 210891**  
**Royal Palm Beach**  
City  
**FL** Zip Code  
**33421**

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 *Ramon Montalvo* *Ramon Montalvo*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**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  
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: *Ramon Montalvo* *Ramon Montalvo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)