

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59098

1. Entity Name
STRONG MOUNTAIN, INCORPORATED

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 021 ***150.00

Principal Place of Business
* ROBERT A. MONTEFORTE
612 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

Mailing Address
* ROBERT A. MONTEFORTE
612 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

870121



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1025 E Hallandale Beach Blvd
Suite, Apt. #, etc.
13
City & State
Hallandale Beach FL
Zip
33004 Country

3. Mailing Address
1936 50 Ocean Drive
Suite, Apt. #, etc.
City & State
Hallandale Beach FL
Zip
33009 Country

4. FEI Number 59-3003150 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONTEFORTE, ROBERT A.
612 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
Name: Monteforte Robert A.
Street Address (P.O. Box Number is Not Acceptable)
1936 50 Ocean Drive
Hallandale Beach FL
City FL Zip Code 33009

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 Robert A. Monteforte Robert A. Monteforte April 13 2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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, 2002. 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTEFORTE, ROBERT A.	
STREET ADDRESS	612 ATLANTIC SHORES BLVD	
CITY-ST-ZIP	HALLANDALE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEFORTE, ROBERT A.	
STREET ADDRESS	1936 50 OCEAN DRIVE 18-B	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	
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
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: Robert A. Monteforte Robert A. Monteforte 4/13/02 1954/4560700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 30, 2002

STRONG MOUNTAIN, INCORPORATED
1936 S OCEAN DRIVE
HALLANDALE BEACH, FL 33009

Subject: **STRONG MOUNTAIN, INCORPORATED**

Reference Number: **L59098**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns
ANNUAL REPORTS SECTION

Attachment

87-0129