

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90044 029 ***150.00

PSA4007A SD

DOCUMENT # L80395

1. Entity Name
MONARD, INC.

Principal Place of Business

**445 GRAND BAY DRIVE
APT #501
KEY BISCAYNE FL 33149**

Mailing Address

**P.O. BOX 585
MIAMI FL 33233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**260 CRANDON BLVD
Suite, Apt. #, etc.
32 #83**

3. Mailing Address

**260 CRANDON BLVD
Suite, Apt. #, etc.
32 #83**

City & State
KEY BISCAYNE FL

City & State
KEY BISCAYNE FL

4. FEI Number
65-0203785

Applied For
Not Applicable

Zip
33149 Country
USA

Zip
33149 Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, ANTONIO
445 GRAND BAY DRIVE
APT #501
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name **GILBERT, ANTONIO**
Street Address (P.O. Box Number is Not Acceptable)
101 OCEAN LANE DR. #104
City **KEY BISCAYNE** FL Zip Code **33149**

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 **ANTONIO GILBERT** DATE **04/07/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PS** ☐ Delete
NAME **DITTEL, WALTER C**
STREET ADDRESS **1610 NW 97 AVE - C101 SJO #56**
CITY-ST-ZIP **MIAMI FL 33102-5216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **WALTER C. DITTEL** DATE **5/FEB/02** (305) 361 8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)