

2001 UNIFORM BUSINESS REPORT (UBR)

0026362 AF

DOCUMENT # L96000001283

1. Entity Name
MONTEREY REALTY DEVELOPMENT L.C.

FILED

01 MAR -5 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1140 RESERVOIR AVE
CRANSTON RI 02920

Mailing Address

1140 RESERVOIR AVE
CRANSTON RI 02920

2. Principal Place of Business

50 SOUTH MAIN STREET

3. Mailing Address

P.O. BOX 8855

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PROVIDENCE RI

City & State

CRANSTON RI

4. FEI Number

05-0498778

Applied For

Not Applicable

Zip

02903

Country

PROVIDENCE

Zip

02920

Country

PROVIDENCE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, THEODORE
SUNTRUST INTERNATIONAL CENTER
1 S.E. 3RD AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME TASCA, CHRISTOPHER P
STREET ADDRESS 1140 RESERVOIR AVE
CITY-ST-ZIP CRANSTON RI 02920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE SAME
NAME
STREET ADDRESS 50 SOUTH MAIN STREET
CITY-ST-ZIP PROVIDENCE RI 02903 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)