

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90030 046 \*\*\*150.00

**DOCUMENT # M04176**

1. Entity Name

**MONTERO & GARCIA CORP.**

Principal Place of Business

**2450 SW 137TH AVENUE  
 S-221  
 MIAMI FL 33175**

Mailing Address

**2450 SW 137TH AVENUE  
 S-221  
 MIAMI FL 33175**

2. Principal Place of Business

**9192 Coral way  
 Suite 201**

3. Mailing Address

**9192 Coral way  
 Suite 201**

City & State

**Miami, Florida**

City & State

**Miami Florida**

Zip

**33165**

Country

**U.S.**

Zip

**33165**

Country

**U.S.**

4. FEI Number

**59-2439557**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B ESQ  
 2450 SW 137TH AVENUE  
 S-221  
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

**Name Caballero, Marcia B.  
 Street Address (R.O. Box Number is Not Acceptable)  
 9192 Coral way  
 Suite 201  
 City Miami FL Zip Code 33165**

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 fee, 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV MONTERO GARCIA, LUIS A. AVENIDA COLOMBIA #3-35 SAN ANDRES ISL. COL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MONTERO GARCIA, AQUILES AVENIDA COLOMBIA #3-35 SAN ANDRES ISL. COL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DE MONTERO, GARCIA E AVENIDA COLOMBIA #3-35 SAN ANDRES ISL. COL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MICHEL, MONTERO B AVIENDA COLOMBIA #3-35 SAN ANDRES ISL COL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

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:

**Elpidio Garcia de Montero**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)