2001 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # M60245

1. Entity Name

MONTENAY PROJECTS INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Principal Place of Business Mailing Address 3225 AVIATION AVE 4TH FL 3225 AVIATION AVE 4TH FL MIAMI FL 33133 MIAMI FL 33133

6. Name and Address of Current Registered Agent

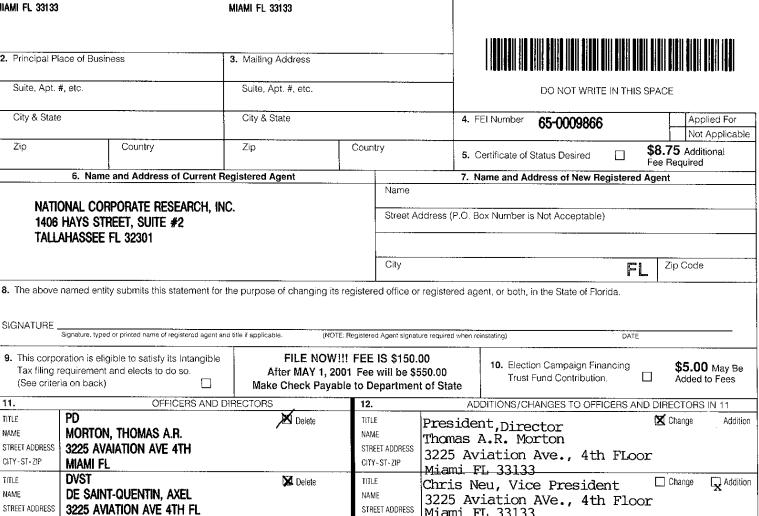
Country

NATIONAL CORPORATE RESEARCH, INC.

1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90049 018 ***150.00



SIGNATURE _	Signature, typed or printed name of registerod agent and tit	ie if applicable. (NOTE: Re	gistered Agent signatu	ire required when rei	nstating) 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, THOMAS A.R. 3225 AVAIATION AVE 4TH MIAMI FL	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas A	nt,Director A.R. Morton iation Ave., 4th FLoo	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DE SAINT-QUENTIN, AXEL 3225 AVIATION AVE 4TH FL MIAMI FL 33133	⊠ Delete	NAME	Chris Ne	eu, Vice President iation AVe., 4th Floo	☐ Change D ir	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUETZENDUEBEL, WOLFRAM 3225 AVIATION AVE 4TH FLOOR MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yoon Ch 3225 Av	esident, Director hae viation Ave., 4th Flo L 33133	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SKOPP, FREDRIC M 3225 AVIATION AVE 4 FLOOR MIAMI FL 33133	🗷 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas 3225 Av	r, Vice President,TR Murphy As Viation AVe, 4th Floo FL 33133	st.Sec.	_ XAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stepher 3225 Av	an,Director n S. Passage viation Ave., 4th Flo TL 33133	□ Change	反 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secreta Fredric		▼ Change	Addition

Country

City

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 expowered 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: