

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90049 018 \*\*\*150.00

**DOCUMENT # M60245**

1. Entity Name

**MONTENAY PROJECTS INC.**

Principal Place of Business

Mailing Address

**3225 AVIATION AVE 4TH FL  
MIAMI FL 33133****3225 AVIATION AVE 4TH FL  
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0009866**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, INC.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301**

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

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**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MORTON, THOMAS A.R.	3225 AVIATION AVE 4TH	MIAMI FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President, Director	Thomas A.R. Morton	3225 Aviation Ave., 4th Floor	Miami FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DVST	DE SAINT-QUENTIN, AXEL	3225 AVIATION AVE 4TH FL	MIAMI FL 33133	<input checked="" type="checkbox"/>
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Chris Neu, Vice President	3225 Aviation Ave., 4th Floor	Miami FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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V	SCHUETZENDUEBEL, WOLFRAM	3225 AVIATION AVE 4TH FLOOR	MIAMI FL	<input type="checkbox"/>
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Vice President, Director	Yoon Chae	3225 Aviation Ave., 4th Floor	Miami FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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AS	SKOPP, FREDRIC M	3225 AVIATION AVE 4 FLOOR	MIAMI FL 33133	<input checked="" type="checkbox"/>
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Director, Vice President, TR.	Thomas Murphy	3225 Aviation Ave, 4th Floor	Miami FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>
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Chairman, Director	Stephen S. Passage	3225 Aviation Ave., 4th Floor	Miami FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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				<input type="checkbox"/>
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Secretary	Fredric M. Skopp	3225 Aviation Ave., 4th Floor	Miami FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CRISTINA CONDE****02/16/2001**

Date

**305-854-2229**

Daytime Phone #

CR2E034 (10/00)