

# 2002 UNIFORM BUSINESS REPORT (UBR)

\$150.00

0208217 AV

DOCUMENT # M60245

1. Entity Name  
MONTENAY PROJECTS INC.

FILED

02 APR 18 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
3225 AVIATION AVE 4TH FL  
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6990 NW 97 AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
6990 NW 97 AVENUE  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0009866

Applied For  
Not Applicable

Zip  
33178

Country

Zip  
33178

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 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)

000005431410-9

05/02/02 01063 011

\*\*\*1376 25

\*\*\*\$150.00

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 Contribution ☐ May Be  
Trust Fund Contribution. ☐ Added to Fees

## 11. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MORTON, THOMAS A.R.<br>3225 AVIATION AVENUE 4TH FLOOR<br>MIAMI FL 33133 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>NEU, CHRIS<br>3225 AVIATION AVE 4TH FL<br>MIAMI FL 33133                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SCHUETZENDUEBEL, WOLFRAM<br>3225 AVIATION AVE 4TH FLOOR<br>MIAMI FL      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPT<br>MURPHY, THOMAS<br>3225 AVIATION AVE 4 FLOOR<br>MIAMI FL 33133         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CHAE, YOON<br>3225 AVIATION AVENUE, 4TH FLOOR<br>MIAMI FL 33133        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>PASSAGE, ATEPHEN S<br>3225 AVIATION AVENUE, 4TH FLOOR<br>MIAMI FL 33133 | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MORTON, THOMAS A.R.<br>6990 NW 97 AVENUE<br>MIAMI, FL 33178                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NEU, CHRIS<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SCHUETZENDUEBEL, WOLFRAM<br>6990 NW 97 AVENUE<br>MIAMI, FL 33178              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MURPHY, THOMAS<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CHAE, YOON<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PASSAGE, STEPHEN S.<br>ONE PENNSYLVANIA PLAZA, STE 4400<br>NEW YORK, NY 10119 | <input checked="" 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: CRISTINA CONDRE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02  
Date

(305) 418-3185  
Daytime Phone #

CR2E034 (9/01)

MONTENAY PROJECTS, INC.  
Document #M60245

**Forming Part of Form 2002 Uniform Business Report (UBR)**

**Block 11.**

VP, Secretary  
Fredric M. Skopp      6990 N.W. 97th Avenue, Miami, FL 33178

Assistant Secretary  
Cristina Conde      3785 N.W. 82nd Avenue  
Suite 417  
Miami, FL 33166