

# 2003 UNIFORM BUSINESS REPORT (UBR)

0005726

DOCUMENT # N01000003921

1. Entity Name  
**PRO MONUMENT TONY IZQUIERDO, INC., A CORPORATION  
 NOT FOR PROFIT**

**FILED**  
 03 DEC 31 PM 12:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 1100 E. 10TH AVE. 1100 E. 10TH AVE.  
 HIALEAH FL 33010 HIALEAH FL 33010

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**REINSTATEMENT**  
 DO NOT WRITE IN THIS SPACE **JB**  
 4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CASANOVA, GILBERTO**  
 1100 E. 10TH AVE.  
 HIALEAH FL 33010

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 700025900507  
 12/31/03--01056--029 \*\*236.25  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Gilberto Casanova* DATE: **12-27-2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**After September 13, 2002, min. will be \$236.25**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD CASANOVA, GILBERTO 1100 E. 10TH AVE. HIALEAH FL 33010</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CASANOVA, DELIA 1100 E. 10TH AVE. HIALEAH FL 33010</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARTINEZ, RENE 1100 E. 10TH AVE. HIALEAH FL 33010</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gilberto Casanova* DATE: **12-27-2003**  
Signature and typed or printed name of signing officer or director  
**305-785-2106**  
**305-9886956**  
Daytime Phone #

CR2E037 (4/02)