2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # N9700000758 MONTANO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7837 NW 55TH STREET 7837 NW 55TH STREET MIAMI FL 33166-4113 MIAMI FL 33166

Country

6. Name and Address of Current Registered Agent

2. Principal Place of Business

MONTANO, CESAR C 7837 NW 55TH STREET

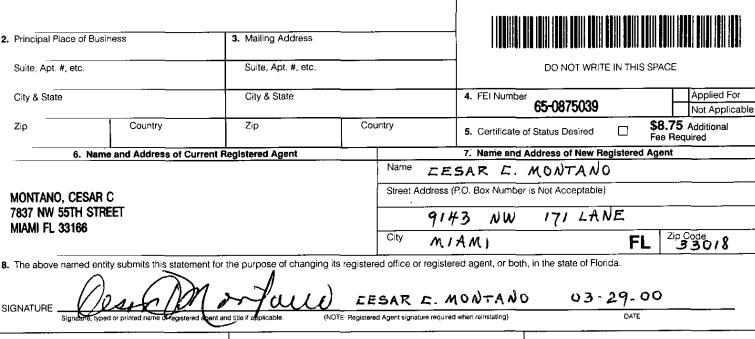
MIAMI FL 33166

Suite, Apt. #, etc.

City & State

FILED Apr 03, 2000 8:00 am Secretary of State

04-03-2000 90135 038 ****61.25



	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contribute	~ —	\$5.00 May Be Added to Fees	Make Check Payable t Department of State	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANO, CESAR C 7837 NW 55TH STREET MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9143 NW	□ Change □ CESAR C. □ I71 LANE FL 33018	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANO, OLGA A 7837 NW 55TH STREET MIAMI FL 33166	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZUSTER, 10010 SW MIAMI-F.		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANO, CESAR JR 7837 NW 55TH STREET MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANO 8281 NW MIAMI FL	CESAR C IR 171 STREET 33015	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

Country

City

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