

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000758

1. Entity Name

MONTANO CONDOMINIUM ASSOCIATION, INC.

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

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

Principal Place of Business	Mailing Address
7837 NW 55TH STREET MIAMI FL 33166	7837 NW 55TH STREET MIAMI FL 33166-4113

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0875039	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTANO, CESAR C 7837 NW 55TH STREET MIAMI FL 33166	Name CESAR C. MONTANO Street Address (P.O. Box Number is Not Acceptable) 9143 NW 171 LANE City MIAMI FL Zip Code 33018

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		CESAR C. MONTANO	03-29-00
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MONTANO, CESAR C <input type="checkbox"/> Delete	TITLE	D MONTANO, CESAR C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7837 NW 55TH STREET	NAME	9143 NW 171 LANE
STREET ADDRESS	MIAMI FL 33166	STREET ADDRESS	MIAMI FL 33018
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MONTANO, OLGA A <input checked="" type="checkbox"/> Delete	TITLE	D SZUSTER, GABRIEL I. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7837 NW 55TH STREET	NAME	10010 SW 28 ST
STREET ADDRESS	MIAMI FL 33166	STREET ADDRESS	MIAMI FL 33165
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MONTANO, CESAR JR <input type="checkbox"/> Delete	TITLE	D MONTANO, CESAR C. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7837 NW 55TH STREET	NAME	8281 NW 171 STREET
STREET ADDRESS	MIAMI FL 33166	STREET ADDRESS	MIAMI FL 33015
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:		CESAR C. MONTANO	03-29-00	305/592-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E037 (9/99)