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**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90935 017 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000015994**

1. Entity Name  
**MONTERROSO NEIRA ENTERPRISES, INC.**

Principal Place of Business  
**404 COCONUT PALM ROAD  
BOCA RATON FL 33432**

Mailing Address  
**404 COCONUT PALM ROAD  
BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10776 Tea Olive Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**(Same)**  
Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

Zip  
**33498**

Country

4. FEI Number  
**02-0572A09**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SUAREZ, JOSE M  
404 COCONUT PALM ROAD  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
Name **Michael R. Tilley**  
Street Address (P.O. Box Number is Not Acceptable)  
**2000 Glades Road Ste 208**  
City **Boca Raton FL** Zip Code **33431**

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 DATE **02/01/02**

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 Financing  
Trust Fund Contribution.  **\$5.00 May Be**  
Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUAREZ, JOSE M</b> <b>404 COCONUT PALM ROAD</b> <b>BOCA RATON FL 33432</b> <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOAQUIN MONTERROSO</b> <b>10776 Tea Olive Ln</b> <b>Boca Raton, FL 33498</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALFONSO NEIRA</b> <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(f), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-02 561-451-3421  
Date Daytime Phone #

CR2E034 (9/01)