2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000032036

FILED May 29, 2001 8:00 am Secretary of State

CAROL	A. MONACH	ESE, P.A.				05-29-2001 90014 039 ***							
Principal Place of Business 12106 LYMESTONE WAY COOPER CITY FL 33026			Mailing Address 12106 LYMESTONE WAY COOPER CITY FL 33026										
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2. Principal Place of Business			3. Mailing Address									18 19118 (1 16) (111
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Apt. #, etc.				DO	NOT WRIT	E IN THIS	S SPACE		
City & State			City & State				4. FEI, Numi	er O	995	26	4	Applied I Not Appl	
Zip Country		Country	Zip Coun		ntry		5. Certificat	e of Status	Desired		\$8.75 Fee Requ		
	6. Name an	d Address of Current Re	egistered Agent		Name		7. Name an	d Address	of New R	egistered	Agent		
1210	IACHESE, CAR 16 LYMESTONE 1PER CITY FL	WAY				Address (P	O, Box Numl	per is Not A	cceptable)	<u> </u>		
	PER CITTEL	55026			City		··-			F	L Zip C	ode	_
8. The above	named entity su	bmits this statement for t	he purpose of changing its	register	ed office o	r registere	d agent, or b	oth, in the S	State of Flo	rida.			
SIGNATURE .	Signature, typed or pr	inted name of registered agent and	title if applicable, (NOT	Registere	ed Agent signat	ture required w	men reinstating)			DATE			
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, 2t 11 Fee will be \$550. Make Check Payal le to Department of			550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
11.		OFFICERS AND DI		12.		T	ADDITIONS	/CHANGE	S TO OFFI	CERS AN			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the info	ormation supplied with th		TITLI NAM STRE CITY TITLI NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	ted in Sect	ion 119.07(3	(i), Florida	Statutes. I	further co	☐ Chang	e informa	Ai

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: Carola monachese C'AROLA MONACHESE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

954-431-6354

Afferchments

Carol A. Monachese, P. A. 12106 Lymestone Way Cooper City, FL 33026

Mr. Jay Kassees Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500 May 15, 2001 #P000 00 032030 771862

Mr. Kassees:

After completing our 2000 taxes for the Internal Revenue Service, we gave our complete file to another accountant for review. When the file was returned to us, we realized that the deadline for filing this report had passed. As this is the first time we had to do this report, I am hoping that you will be able to waive the late filing fee. I was incorporated in the middle of last year and therefore did not complete this report for the year 2000. I would appreciate any consideration you could extend due to these circumstances. I believe you will find that all other reports, fees and taxes for the state have been paid on time.

Sincerely

Carol A. Monachese

Carol a. monache.