[redacted]
P00000059782

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 AUG -8 PM 2:51
SECRETARY OF STATE
TALLAHASSEE
76808 [redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000059782

1. Entity Name
MONTAJES MICA, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE STE. 711 CORAL GABLES, FL 33134	SAME
2. Principal Place of Business 8225 NW, 30TH TERR	3. Mailing Address 1800 W, 49TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 301
City & State MIAMI, FL	City & State HIALEAH, FL
Zip 33122 Country USA	Zip 33012 Country USA

4. FEI Number: 65-1020295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEPHEN R. RAPPORT
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name: ELSA C. RIOS
Street Address (P.O. Box Number is Not Acceptable): 1800 W, 49TH ST, #301
City: HIALEAH FL Zip Code: 33012

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 [signature] 6/7/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE E. SEBASTIANI 201 ALHAMBRA CIRC, #711 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE E. SEBASTIANI 1800 W, 49TH ST, #301 HIALEAH, FL 33012	☑ Change ☐ 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
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CR2E034 (10/00)

13. 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 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] 04/27/01 (305) 491-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #