FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-16-2002 90693 025 ***150.00
P00000078058

FILED
02 JUN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
869074

DOCUMENT # P00000078058

1. Entity Name

Monteiro & Codicasa, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
15421 W. Dixie Hwy	15421 W. Dixie Hwy.
Suite, Apt. #, etc. Bay 7	Suite, Apt. #, etc. Bay 7
City & State North Miami Beach, FL	City & State North Miami Beach, FL
Zip 33162 Country	Zip 33162 Country

4. FEI Number 65-1032319 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alexandre Dos Santos
Street Address (P.O. Box Number(s) Not Acceptable): 400 Kings Point Dr. #614
City: Sunny Isles FL Zip Code: 33160

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, 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME Alexandre Dos Santos STREET ADDRESS 400 Kings Point Dr. #614 CITY-ST-ZIP Sunny Isles, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #