

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90065 012 ***150.00

DOCUMENT # P00000082437

1. Entity Name
MONTERIA INC.



Principal Place of Business
**4310 REFLECTIONS BLVD. NORTH
SUITE #207
SUNRISE FL 33351**

Mailing Address
**4310 REFLECTIONS BLVD. NORTH
SUITE #207
SUNRISE FL 33351**



2. Principal Place of Business
6745 Sienna Club Dr
Suite, Apt. #, etc.

3. Mailing Address
6745 Sienna Club Dr
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lauderhill / FL
Zip
33319
Country
USA

City & State
Lauderhill / FL
Zip
33319
Country
USA

4. FEI Number **65-1038375**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTERO, DAMIAN
4310 REFLECTIONS BLVD. NORTH
SUITE #207
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **Montero Damian**
Street Address (P.O. Box Number is Not Acceptable)
6745 Sienna Club Dr
City **Lauderhill** FL **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

01/23/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MONTERO, DAMIAN**
STREET ADDRESS **4310 REFLECTIONS BLVD. NORTH SUITE #207**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **RIANO, EILMA**
STREET ADDRESS **4310 REFLECTIONS BLVD. NORTH SUITE #207**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Montero Damian**
STREET ADDRESS **6745 Sienna Club Dr**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **D** ☒ Change ☐ Addition
NAME **Riano, Edilma**
STREET ADDRESS **6745 Sienna Club Dr**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/03 954-484-8856
Date Daytime Phone #

CR2E034 (10/02)