

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083757

1. Entity Name

E W MONACO ENTERPRISES, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90036 044 ***150.00

Principal Place of Business

175 FONTAINEBLEAU BLVD. SUITE 1R6
MIAMI FL 33172

Mailing Address

175 FONTAINEBLEAU BLVD. SUITE 1R6
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, WILLIAM
175 FONTAINEBLEAU BLVD, SUITE 1R6
MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

8216 W. Flamingo St.

City MIAMI

FL

Zip Code 33144

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

4-25-01

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 D
NAME HERNANDEZ, WILLIAM
STREET ADDRESS 3790 SW 141 AVE
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

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

TITLE D
NAME SANTOS, EMILIO
STREET ADDRESS 1335 W 49 PL, APT 404
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

385.229.7333

Daytime Phone #

CR2E034 (10/00)

0213213