

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90227 030 ***150.00

DOCUMENT # **P0000087836**

1. Entity Name
MONTJUIC, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7300 S.W. 62nd Place

3. Mailing Address
7300 S.W. 62nd Place

Suite, Apt. #, etc.
Penthouse - west

Suite, Apt. #, etc.
Penthouse - west

DO NOT WRITE IN THIS SPACE

City & State
SOUTH MIAMI, FL

City & State
SOUTH MIAMI, FL

4. FEI Number
65-1039918

Applied For
Not Applicable

Zip Country
33143 U.S.A

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33143 U.S.A

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 **FLOR MAYORAL - M.D.**

Street Address (P.O. Box Number is Not Acceptable)
**7300 S.W. 62nd Place
Penthouse west.**

City **SOUTH MIAMI** FL Zip Code **33143**

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

3.26.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME
FLOR MAYORAL - M.D.
STREET ADDRESS
7300 S.W. 62nd Place
CITY - ST - ZIP
SOUTH MIAMI, FL 33143

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IN THIS SPACE**

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

SIGNATURE:

3.26.03 305 665 6166

Date Daytime Phone #

CR2E034B (12/02)