

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

DOCUMENT # PD1000001159

1. Entity Name

Bances - Monard, Inc

FILED

02 OCT 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1220 Oxbow Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs

City & State

Zip

32708

Country

Seminole

Zip

Country

4. FEI Number

59-3690027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jose Bances

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

1220 Oxbow Ln

City

Winter Springs

FL

Zip Code

32708

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)

10/22/02
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jose Bances
1220 Oxbow Ln
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Maria Monard
1220 Oxbow Ln
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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700008625197
10/28/02-01079-020 ***150.00

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 (407) 977-7098
Date Daytime Phone #

OCTOBER 22, 2002

FROM:
BANCES-MONARC, INC.
DOC. # P01000001159

TO:
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE ME THE REINSTATEMENT FEE OF \$ 600 FOR MY CORPORATION. I DID NOT FILE THE UNIFORM BUSINESS REPORT ON TIME BECAUSE I DID NOT RECEIVED IT.

THANK YOU FOR YOUR ATTENTION,



JOSE BANCES - PRESIDENT