


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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90211 019 \*\*\*150.00

DOCUMENT # 001000010313  
1. Entity Name MUNETON ENTERPRISES INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
901 E PINE ST  
Suite, Apt. #, etc.

3. Mailing Address  
901 E PINE ST  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33604 Country

Zip  
33604 Country

4. FEI Number  
59-3696178

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  
ALEX MUNETON

Street Address (P.O. Box Number is Not Acceptable)  
10527 BLACKMORE DR

City  
Tampa State  
FL Zip Code  
33647

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 Alex Muneton DATE 4-30-03

Signature: type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

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 STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>JOSE MUNETON</u> <u>901 E PINE ST</u> <u>Tampa, FL 33604</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE President</u> <u>10527 Blackmore Dr</u> <u>Tampa, FL 33647</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Alex Muneton ALEX MUNETON DATE 04-30-03 (813) 294-5456

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

CR2E034B (12/02)