

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90113 006 ***150.00

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

DOCUMENT # *P01000068191*

1. Entity Name

MONTEZ & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11600 SW 47 TERR

Suite, Apt. #, etc.

3. Mailing Address

11600 SW 47 TERR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1120084

Applied For

Not Applicable

Zip

33165

Country

Zip

33165

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MONTEZ, ARMANDO

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

11600 SW 47 TERR

City

MIAMI

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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

Armando Montes

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

ARMANDO MONTEZ

(NOTE: Registered Agent signature required when reinstating)

03/28/02

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
*P/S/T/D
MONTEZ, ARMANDO
11600 SW 47 TERR
MIAMI FL 33165*

TITLE
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IN THIS SPACE**

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 it 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:

Armando Montes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARMANDO MONTEZ - PRES 03/28/02 (305) 951-0799

CR2E034B (12/01)