FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91744 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000069085

1. Entity Name MONTERINY LG CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14915 SW 104 ST		14915 SW 104 STREET	
Suite, Apt. #, etc. APT #24		Suite, Apt. #, etc. APT #24	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33196	Country US	Zip 33196	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1121822 ☐ 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 ARIADNE QUILEZ
Street Address (P.O. Box Number is Not Acceptable) 14915 SW 104 STREET
APT # 24
City MIAMI FL Zip Code 33196

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] 5/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD	TITLE	
NAME	ARIADNE QUILEZ	NAME	
STREET ADDRESS	14915 SW 104 STREET #24	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33196	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	HUMBERTO QUILEZ	NAME	
STREET ADDRESS	14915 SW 104 STREET #24	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33196	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: [signature] 5/14/02 305-423-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #