

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90128 005 ***150.00

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1. Entity Name

MONTERINY L.G. CORPORATION



Principal Place of Business

14915 SW 104 STREET

APT 24

MIAMI FL 33196

Mailing Address

14915 SW 104 STREET

APT 24

MIAMI FL 33196

10007000



2. Principal Place of Business

11323 SW 160 Place

Suite, Apt. #, etc.

3. Mailing Address

11323 SW 160 Place

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, Florida

City & State

Miami, FL

4. FEI Number

65-1121822

Applied For

Not Applicable

Zip

33196

Country

MIAMI-Dade

Zip

33196

Country

MIAMI-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUILEZ, ARIADNE

14915 SW 104 STREET

APT. 24

MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Ariadne Quilez

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

11323 SW 160 Place

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **QUILEZ, ARIADNE**
STREET ADDRESS **14915 SW 104 STREET # 24**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VP** ☐ Delete
NAME **QUILEZ, HUMBERTO**
STREET ADDRESS **14915 SW 104 STREET # 24**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Ariadne Quilez PD

4/28/03

786-277-9442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)