2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State
07-03-2003 90033 010 ***150.00

[redacted]

DOCUMENT # P01000075929

1. Entity Name
MONTENEGRO HOLDINGS, INC.

Principal Place of Business	Mailing Address
9441-C BOCA GARDENS CIRCLE SOUTH BOCA RATON FL 33496	9441-C BOCA GARDENS CIRCLE SOUTH BOCA RATON FL 33496

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10 N.W. 167 St.	
Suite, Apt. #, etc.: N. Miami Beach FL	Suite, Apt. #, etc.
City & State	City & State
Zip: 33169 — Country: USA	Zip — Country

4. FEI Number: 56-2379203 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACQUELINE R. HERNANDEZ-VALDES, P.A. 2474 SW 27TH TERRACE COCONUT GROVE FL 33133 NO AGENT	Name: Montenegro Donald Street Address (P.O. Box Number is Not Acceptable): 10 NW 167 Street City: N. Miami Beach FL Zip Code: 33169

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] 8/23/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTENEGRO, DONALD 9441-C BOCA GARDENS CIRCLE SOUTH BOCA RATON FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montenegro, Donald 10 NW 167 St. N. Miami Beach FL 33169 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 [signature] 7-30-03 305-9457474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #