

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90279 016 ***150.00

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DOCUMENT # P02000004095

1. Entity Name
MONASTERY INC.



Principal Place of Business
**2601 S BAYSHORE DR. SUITE 1200
MIAMI FL 33133**

Mailing Address
**2601 S BAYSHORE DR. SUITE 1200
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0000405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NS CORPORATE SERVICES INC.
501 BRICKELL KEY DR, SUITE 400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HORN, JOSEPH 2601 S BAYSHORE DR, SUITE 1200 MIAMI FL 33133	<input type="checkbox"/>		<input type="checkbox"/>
D EICHENWALD, RICARDO 2601 S BAYSHORE DR, SUITE 1200 MIAMI FL 33133	<input type="checkbox"/>		<input type="checkbox"/>
D HORN, RALPH 2601 S BAYSHORE DR, SUITE 1200 MIAMI FL 33133	<input type="checkbox"/>		<input type="checkbox"/>
D SLOSBERGAS, NELSON 2601 S BAYSHORE DR, SUITE 1200 MIAMI FL 33131	<input type="checkbox"/>		<input type="checkbox"/>
D FREEMAN, STEPHEN A 2601 S BAYSHORE DR, SUITE 1200 MIAMI FL 33131	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 and typed or printed name of SIGNING OFFICER OR DIRECTOR

3/27/03 3058600770

Date

Daytime Phone #

CR2E034 (10/02)