

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000030676

1. Entity Name
MONSA CARS INC.



11021803

Principal Place of Business
4803 DISTRIBUTION COURT, UNIT 11
ORLANDO, FL 32828

Mailing Address
P.O. BOX 618
WINDERMERE, FL 34786

2. Principal Place of Business

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 207-B

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32819

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3636576

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORDINOLA, JORGE A
7802 KINGSPOINTE PARKWAY
SUITE 205
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
J.A.O. Services, Inc.

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

7802 Kingspointe Parkway
SUITE 207-B

City

Orlando

FL

Zip Code

32819

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 the entity (NOTE: Registered Agent's signature required when resigning)

04/29/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HUSSEIN, MONGOTH
PO BOX 618
WINDERMERE, FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HUSSEIN, ISMAEL
P.O. BOX 618
WINDERMERE, FL 34786

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

Daytime Phone #

CR2E034 (10/02)