

FILED

Jun 09, 2003 8:00 am  
Secretary of State

05-07-2003 90182 046 \*\*\*150.00

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

5

DOCUMENT # P02000048864

1. Entity Name

MONTPOLIT CORPORATION



Principal Place of Business

7925 NW 12TH STREET  
SUITE 318  
MIAMI FL 33126

Mailing Address

7925 NW 12TH STREET  
SUITE 318  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

01-0680173

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

7. Name and Address of New Registered Agent

MONTENEGRO, WALTER E

7925 NW 12TH STREET

SUITE 318

MIAMI FL 33126

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

*Walter E. Montenegro*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	MONTENEGRO, WALTER	
STREET ADDRESS	7925 NW 12TH STREET SUITE 318	
CITY-ST-ZIP	MIAMI DL 33126	

TITLE	D	<input type="checkbox"/> Delete
NAME	MONTENEGRO, WALTER	
STREET ADDRESS	7925 NW 12TH STREET SUITE 318	
CITY-ST-ZIP	MIAMI DL 33126	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/30/03

Date

Daytime Phone #

CR2034 (10/02)