

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91792 043 \*\*\*150.00

33046101



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 16-1616451 Applied ☐ Not App ☐

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

~~MONTANO IVAN R~~  
1315 S.E. 24th AVENUE  
CAPE CORAL FL 33990

Name: MAURICIO MONTANO  
Street Address (P.O. Box Number is Not Acceptable): 8020 NW 187 TERACE  
City: MIAMI FL Zip Code: 33015

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 am the obligations of registered agent.

SIGNATURE: Mauricio Montano

(NOTE: Registered Agent's signature required when re-registering)

DATE: 4/25/03

9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 Max Added to Fee

| 10. OFFICERS AND DIRECTORS      |                |                       |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 |                  |                    |                |
|---------------------------------|----------------|-----------------------|---------------------|------------------------------------------------------|------------------|--------------------|----------------|
| TITLE                           | NAME           | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE                                                | NAME             | STREET ADDRESS     | CITY-STATE-ZIP |
| PD                              | MONTANO IVAN R | 1315 S.E. 24th AVENUE | CAPE CORAL FL 33990 | PD                                                   | MAURICIO MONTANO | 8020 NW 187 TERACE | MIAMI FL 33015 |
| <input type="checkbox"/> Delete |                |                       |                     | <input checked="" type="checkbox"/> Change           |                  |                    |                |
| TITLE                           | NAME           | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE                                                | NAME             | STREET ADDRESS     | CITY-STATE-ZIP |
| <input type="checkbox"/> Delete |                |                       |                     | <input type="checkbox"/> Change                      |                  |                    |                |
| TITLE                           | NAME           | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE                                                | NAME             | STREET ADDRESS     | CITY-STATE-ZIP |
| <input type="checkbox"/> Delete |                |                       |                     | <input type="checkbox"/> Change                      |                  |                    |                |
| TITLE                           | NAME           | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE                                                | NAME             | STREET ADDRESS     | CITY-STATE-ZIP |
| <input type="checkbox"/> Delete |                |                       |                     | <input type="checkbox"/> Change                      |                  |                    |                |
| TITLE                           | NAME           | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE                                                | NAME             | STREET ADDRESS     | CITY-STATE-ZIP |
| <input type="checkbox"/> Delete |                |                       |                     | <input type="checkbox"/> Change                      |                  |                    |                |
| TITLE                           | NAME           | STREET ADDRESS        | CITY-STATE-ZIP      | TITLE                                                | NAME             | STREET ADDRESS     | CITY-STATE-ZIP |
| <input type="checkbox"/> Delete |                |                       |                     | <input type="checkbox"/> Change                      |                  |                    |                |

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Mauricio Montano Mauricio Montano DATE: 4/25/03 (305) 226-3443