

# 2002 UNIFORM BUSINESS REPORT (UBR)

0210248 AV

DOCUMENT # P16500

1. Entity Name  
MONTENAY INTERNATIONAL CORP.

FILED

02 APR 18 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3225 AVIATION AVE  
4TH FLOOR  
MIAMI FL 33133-4741

Mailing Address

3225 AVIATION AVE  
4TH FLOOR  
MIAMI FL 33133-4741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

SUITE 4400

City & State  
NEW YORK, N.Y.

Zip  
10119

Country

3. Mailing Address

ONE PENNSYLVANIA PLAZA

Suite, Apt. #, etc.

SUITE 4400

City & State  
NEW YORK, N.Y.

Zip  
10119

Country

4. FEI Number 13-3077212

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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05/02/02-01063-011

\*\*\*1376.25 \*\*\*150.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE DIETRICH, G.W. (BILL) 3225 AVIATION AVE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GASQUET, DENIS 3225 AVIATION AVE 4TH FL MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PASSAGE, STEPHEN S 3225 AVIATION AVE 4TH FL MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROGLIO, HENRI 3225 AVIATION AVENUE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MURPHY, THOMAS 3225 AVIATION AVENUE 4TH FLOOR MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CONDE, CRISTINA 3225 AVIATION AVE 4TH FL MIAMI FL 33133	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIETRICH, G.W. (BILL) 1605 MAIN STREET, #904 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GASQUET, DENIS ONE PENNSYLVANIA PLAZA, SUITE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASSAGE, STEPHEN S. ONE PENNSYLVANIA PLAZA, SUITE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROGLIO, HENRI ONE PENNSYLVANIA PLAZA, SUITE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURPHY, THOMAS ONE PENNSYLVANIA PLAZA, SUITE 4400 NEW YORK, NY 10119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONDE, CRISTINA 3785 NW 82 AVENUE, SUITE MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CRISTINA CONDE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-02

Date

(305) 418-3185  
Daytime Phone #

CR2E034 (9/01)