

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P29450**

1. Entity Name  
**MONUMENTAL INVESTMENT CORPORATION**



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

04-28-2003 91833 035 \*\*\*150.00

0621863 AT

Principal Place of Business  
**4530 HOLLINS FERRY RD.  
BALTIMORE MD 21227  
US**

Mailing Address  
**4530 HOLLINS FERRY RD.  
BALTIMORE MD 21227  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**301 Merritt Seven  
6th Floor  
Norwalk, CT  
06851  
US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1222529**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITCHIE, M. DELMAR, JR.</b>		NAME		
STREET ADDRESS	<b>4530 HOLLINS FERRY RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BALTIMORE MD 21227</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, ADALBERTO A.</b>		NAME		
STREET ADDRESS	<b>4530 HOLLINS FERRY RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BALTIMORE MD 21227</b>		CITY-ST-ZIP		
TITLE	EVSD	<input type="checkbox"/> Delete	TITLE	<b>EVP and Sole Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, JEFFREY M</b>		NAME	<b>Jeffrey M. Levy</b>	
STREET ADDRESS	<b>101 MERRITT SEVEN</b>		STREET ADDRESS	<b>301 Merritt Seven</b>	
CITY-ST-ZIP	<b>NORWALK CT 06851</b>		CITY-ST-ZIP	<b>Norwalk, CT 06851</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHORR, DAVID A</b>		NAME		
STREET ADDRESS	<b>10 WYNDCREST AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BALTIMORE MD 21228</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONELAN, FRANK</b>		NAME	<b>Frank Donelan</b>	
STREET ADDRESS	<b>101 MERRITT SEVEN</b>		STREET ADDRESS	<b>301 Merritt Seven</b>	
CITY-ST-ZIP	<b>NORWALK CT 06851</b>		CITY-ST-ZIP	<b>Norwalk, CT 06851</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Frank Donelan* **SIGNATURE REQUIRED** (203)849-7833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)