

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90050 024 ***150.00

DOCUMENT # P93000076707

1. Entity Name
575 MONTEREY, INC.

| | | |
|---|---|---|
| Principal Place of Business 575 NE 143 ST APT 102 N MIAMI FL 33161 US | Mailing Address 9666 CORAL WA SUITE #917 MIAMI FL 33165 US | 575 MONTEREY, INC. P.O. BOX 160368 MIAMI, FL 33116 |
|---|---|---|

304311



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|-------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address PO BOX 160368 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. MIAMI FL |
| City & State | City & State 33116 USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0449730 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

6. Name and Address of Current Registered Agent
DEL VAL, JOSE A
11500 S.W. 107 AVENUE
MIAMI FL 33176

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: *Jose Del Val P.* (NOTE: Registered Agent signature required when reinstating) DATE: *1-17-2000*

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEL VAL, JOSE A | |
| STREET ADDRESS | 9880 SW 35TH TER | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEL VAL JOSE A. | |
| STREET ADDRESS | 11500 SW 107 AVE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Jose Del Val* **PRESIDENT** DATE: *1-17-2000* DAYTIME PHONE #: *305 945 7087*

CR2E034 (9/99)