

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069420

1. Entity Name

MONICA INVESTMENTS, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90005 001 ***150.00

Principal Place of Business

13833 WELLINGTON TRACE
BAY #6
WELLINGTON FL 33414

Mailing Address

13833 WELLINGTON TRACE
BAY #6
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0526866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PATEL, SUNIL
13833 WELLINGTON TRACE
BAY #6
WELLINGTON FL 33414

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)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS PATEL, SUNIL
CITY-ST-ZIP 13833-WELLINGTON TRACE, BAY #6-
WELLINGTON FL 33414

TITLE ☐ Delete
NAME D
STREET ADDRESS PATEL, REENA
CITY-ST-ZIP 13833 WELLINGTON TRACE BAY #6
WELLINGTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/2000

Date

561-795-9383

Daytime Phone #

CR2E034 (5/00)

attachment
DOC# P94000069420
DW78868

08140

Date: 08/11/2000.

To whom may it Concern

081400

Dear Sir / Madam

I already Filed our Corporation with check Amount of
\$150.00 in Second week of April 2000. but Letter
showing that you have not got it! it must be misplace
somewhere in Mail! so I am sending again with
Check NO. 2816.

Thanks For Your Cooperation!

Yours Faithfully
Respected