

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083562

1. Entity Name
MONTAGNA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90174 026 ***150.00

Principal Place of Business
3428 E. ATLANTIC BLVD
POMPANO BEACH FL 33062

Mailing Address
3428 E. ATLANTIC BLVD
POMPANO BEACH FL 33062

00047173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0622630

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ZUCCARELLI, RALPH
3428 E. ATLANTIC BLVD
POMPANO BEACH FL 33062

Name FRANK DI MARIA
Street Address (P.O. Box Number is Not Acceptable)
3428 E ATLANTIC BLVD
City Pompano Beach FL Zip Code 33062

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 *Frank Di Maria*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ZUCCARELLI, RALPH
STREET ADDRESS 3428 E. ATLANTIC BLVD
CITY-ST-ZIP POMPANO BCH FL 33062

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

TITLE ☐ Delete
NAME FRANK DI MARIA
STREET ADDRESS 3428 E. ATLANTIC BLVD
CITY-ST-ZIP POMPANO Bch FL 33062

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Frank Di Maria*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2001 *Bresid*
Date Daytime Phone #

CR2E034 (10/00)