

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000085729**1. Entity Name
MONTEREY SOUTH, INC.

Principal Place of Business

7124 VICTORIA CIR

UNIVERSITY PARK

34201

US

FL

Mailing Address

7124 VICTORIA CIR

UNIVERSITY PARK

34201

US

FL

2. Principal Place of Business

2398-A FRUITVILLE ROAD

3. Mailing Address

2398-A FRUITVILLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA

FL

City & State

SARASOTA

FL

Zip

34237

Country

US

Zip

34237

Country

US

4. FEI Number

65-0618520

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

COSEO ROBERT J
7124 VICTORIA CIRCLE

UNIVERSITY PARK

34201

US

FL

7. Name and Address of New Registered Agent

Name

COSEO ROBERT J

Street Address (P.O. Box Number is Not Acceptable)

2398-A FRUITVILLE ROAD

City

SARASOTA

FL

Zip Code

34237

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)

05/01/2001

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	COSEO ROBERT G	
STREET ADDRESS	82 WEST MAIN ST.	
CITY-ST-ZIP	NORTHBORO MA	
TITLE	PT	<input type="checkbox"/> Delete
NAME	COSEO ROBERT J	
STREET ADDRESS	7124 VICTORIA CIRCLE	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSEO CINDY J	
STREET ADDRESS	2398-A FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSEO ROBERT J	
STREET ADDRESS	2398-A FRUITVILLE ROAD	
CITY-ST-ZIP	SARASOTA FL 34237	
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		
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: Robert J. Coseo

PS

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)