

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90489 024 ***150.00

DOCUMENT # P95000090144

1. Entity Name
2305 MONROE, INC.



Principal Place of Business
1905 LINCOLN STREET
HOLLYWOOD FL 33020

Mailing Address
1905 LINCOLN STREET
HOLLYWOOD FL 33020

2. Principal Place of Business
1900 Taylor st.

3. Mailing Address
1900 Taylor st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood FL

City & State
Hollywood FL

4. FEI Number **65-0625521**

Applied For
Not Applicable

Zip **33020** **Country** **U.S.A**

Zip **33020** **Country** **U.S.A**

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

FILENI, ROBERT G
1905 LINCOLN STREET
HOLLYWOOD FL 33020

Name

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

1900 Taylor st

City **Hollywood**

FL

Zip Code **33020**

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

Robert Fileni

4/19/03

Signature, typed or printed name of registered agent and title if applicable.

(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 **PD** ☐ **Delete**
NAME **FILENI, ROBERT G**
STREET ADDRESS **1905 LINCOLN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE ☐ **Delete**
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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:

Robert Fileni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/03 (954) 985-9377

CR2E034 (10/02)