

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

007227 AV

DOCUMENT # P96000026162

1. Entity Name
MONOLITHIC STRUCTURES CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 10 PM 12:20

Principal Place of Business
800 SW COCONUT DR.
FORT LAUDERDALE FL 33315
US

Mailing Address
800 SW COCONUT DRIVE
FORT LAUDERDALE FL 33315



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 65-0656058

Applied For

Not Applicable

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

SCHIFFELBIAN, ERIK
800 SW COCONUT DRIVE
FORT LAUDERDALE FL 33315

Name N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 PS
NAME SCHIFFELBIAN, ERIK
STREET ADDRESS 800 S.W. COCONUT DR.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400022932454
CITY-ST-ZIP 09/10/03--01067--004 **\$50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 a higher like empowered.

SIGNATURE:

Erik Schiffelbian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 sept, '03 954-303-4821
Date Daytime Phone #

CR2E034 (4/03)