

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 007 ***150.00

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

DOCUMENT # P96000026523

1. Entity Name

MONZON CRANE SERVICE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

1621 NW 11 AVE

State, Apt. #, etc.

3. Mailing Address:

1621 NW 11 AVE

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FL 33030

Zip

Country

City & State

HOMESTEAD FL 33030

Zip

Country

4. FEI Number

65-0652611

Added for

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NESTOR CORONADO

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

7360 CORAL WAY STE21

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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

Nestor Coronado Reg-agent 4-27-02

Signature of each of the following registered officers and directors

Signature of the registered agent submitting this statement

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$350.00
Amended UBR is \$6.25
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

**PD
MONZON, ROBERTO
1621 NW 11 AVE
HOMESTEAD FL 33030**

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

**SD
MONZON, AIMEE
1621 NW 11 AVE
HOMESTEAD FL 33030**

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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)(b), 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 Book 11 of or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Title

CR020208 110371