2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90067 037 ***150.00

DOCUMENT # P96000027192

1. Entity Name
329, INC.

Principal Place of Business	Mailing Address
~~18530 NW 67TH AVE~~	~~18520 NW 67TH AVE~~
~~PMB 373~~	~~PMB 373~~
~~MIAMI FL~~ 33015	MIAMI FL 33015
US	US

0 5 1 3 0 5

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17522 NW 61ST PLACE	17522 NW 61ST PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33015 Country: MIAMI-DADE	Zip: 33015 Country: MIAMI-DADE

4. FEI Number 65-0650921 ☐ 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
MONTES, MEL F	Name
17522 NW 61ST PLACE	Street Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33015	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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MONTES, MEL F		NAME		
STREET ADDRESS	17522 NW 61ST PLACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: X M. Montes 2/28/01 (305) 557-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #