Mar 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000041666**1. Corporation Name

ARMANDO M. MONTERO AND ASSOCIATES, P.A.

| Principal Place | e of Business | Mailing Address | | | | | 1 100110 | INS IIM INIIA NICII | | | | |
|--|--|---------------------------------|---|--|--|--|---|---|---------------------------------------|-------------------------|-------------------------|--|
| 6841 S.W. 73 CT 6841 S.W. 73 CT | | | | | | | | | | | : | |
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| US | | US | | | | <u> </u> | D-1- 1 | | | IN THIS | - ACL | |
| | | | | | | | 05/14/19 | | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | | FEI Numbe | | | | | Applied For |
| 21 | | 26 | - 1 | | | | <u>65-0672</u> | 069 | | | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. | Certifcate o | of Status Des | ired [| | · | Additional Required |
| City & State City & State 28 | | | | | | | 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fee | | | | | |
| Zip | Country | Zip | Cou | ntry | | 8. | This corpor | ration owes th | ne current | vear Inta | ngible | |
| 24 | 25 | 29 | 30 | - | | l l | • | roperty Tax. | | | Yes | □No |
| 24 | 9. Name and Address of Curren | 11 | 100 | Ι | | 10. | Name and | Address of | New Reg | istered A | gent | |
| | or Marite aria Madicas ar Carrer | | | 81 | Name | | | | | | | |
| MON | ITERO, ARMANDO M | | | | | | | | | | | |
| 6841 S.W. 73 CT | | | | 82 | Street Ad | ddress (P. | .Q. Box Nu | mber is Not A | Acceptable | ∍) | • | |
| | WI FL 33143 | | | 83 | | | | | | | - | |
| IAINCAL | WF 1 E 00140 | | | " | | | | • | | | | |
| | | | | 84 | City | | | | | | 85 Zij | Code |
| | | | | | | | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | ** *********************************** |
| 11. Pursuant | to the provisions of Sections 607.050 egistered agent, or both, in the State | 2 and 607.1508, Florida Stat | utes, the al | bove-r | named co | orporation ation's bo | submits the | is statement tors. I hereby | tor the pu accept ti | rpose or c he appoin | changing i itment as | registered |
| agent. La | m familiar with, and accept the obliga | itions of, Section 607.0505, F | lorida Stati | utes. | c 00, po. | ation 5 20 | uia oi a | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| SIGNATURE | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, typed or printed name of registered ager | nt and title if applicable. (NO | TE: Registered | Agent si | ignature req | | | | | DATE | | |
| 12. | | ID DIRECTORS | TE: Registered | Agent si | | A | DDITIONS | /CHANGES | | CERS ANI | 4 | |
| 12. | | | <u>-</u> | | | A | DDITIONS | | | CERS ANI | D DIRECT | |
| | OFFICERS AN | ID DIRECTORS | 13. | TLE | | A | DDITIONS | | | CERS ANI | 4 | |
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS