## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## P96000083506 DOCUMENT #

1. Entity Name  RAFAEL MONTILLA INC.	1 30000000000	
Principal Place of Business 4611 NW 6 ST MIAMI FL 33126-5307 US	Mailing Address 4611 NW 6 ST MIAMI FL 33126-5307 US	
2. Principal Place of Business	3. Mailing Address	<u> </u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

**FILED** May 05, 2003 8:00 am & Secretary of State

05-05-2003 90719 007 \*\*\*150.00

Principal Place of Business 4611 NW 6 ST MIAMI FL 33126-5307 US		4611	Mailing Address 4611 NW 6 ST MIAMI FL 33126-5307 US							
2. Principal Place of Business		3. Mai	3. Mailing Address			_				<b>51</b> 115
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			-	CHECK.HERE	-IF-MAKING,	CHANGES_	<del></del>
e		City	& State			<b>4</b> . F	NOT APPL	ICABLE		pplied For ot Applicable
	Country	Zip	Zip Count			<b>5.</b> C	Certificate of Status Desired			
6. Name	and Address of Curr	ent Registere	ed Agent			7. N	Name and Address of New	Registered Ag	gent	
			<del></del>		Name		··			,
MONTILLA, RAFAEL A 4611 NW 6 ST			-	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33126-5307		Ţ								
. 6	·				City			FL	Zip Code	
		nt for the purp	ose of changing its	registere	d office or registe	ered age	ent, or both, in the State of F	lorida. I am fa	miliar with,	and accept
Signature, typed	or printed name of registered a	agent and title if app	plicable. (NOT	E: Registered	Agent signature requir	ed when re	einstating)	DATE		
May 1, 200	3 Fee will be \$550.			-	-				<b>\$5.0</b> Added	<b>0</b> May Be I to Fees
	OFFICERS A	NO DIRECTO	I PRS	11.		AD	DITIONS/CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11
OP			☐ Delete	TITLE	1 -				☐ Change	Addition
	A. RAFAEL			NAME						_
4611 NW	6 ST				1					
			☐ Delete	STREE	T ADDRESS				☐ Change	☐ Addition
			☐ Delete	STREE	T ADDRESS				Change	Addition
			☐ Delete						Change	Addition
				CITY~	ST-ZIP					
			☐ Delete	STREE	i i				☐ Change	☐ Addition
	#, etc.  6. Name  6. Name  A, RAFAEL  6 ST  33126-530  named entitions of regist  Signature, typed  ILE NOW!!  May 1, 200  C Payable to  OP  MONTILL  4611 NW	Place of Business  #, etc.  # Country  6. Name and Address of Curr  A, RAFAEL A  6 ST  33126-5307  named entity submits this stateme ions of registered agent.  Signature, typed or printed name of registered agent.  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department  OFFICERS A	Place of Business  3. Ma  #, etc.  Country  Country  Country  Jip  6. Name and Address of Current Registere  A, RAFAEL A  6 ST  33126-5307  named entity submits this statement for the purpions of registered agent.  Signature, typed or printed name of registered agent and title if applications of Payable to Florida Department of State  OFFICERS AND DIRECTO  OP  MONTILLA, RAFAEL  4611 NW 6 ST	Place of Business  3. Mailing Address  #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  A, RAFAEL A 6 ST 33126-5307  named entity submits this statement for the purpose of changing its ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOT)  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  (Payable to Florida Department of State  OFFICERS AND DIRECTORS  OP  MONTILLA, RAFAEL  4611 NW 6 ST  MIAMI FL 33126-5307	MIAMI FL 33126-5307  Place of Business  #, etc. Suite, Apt. #, etc.  City & State  Country  Zip Count  6. Name and Address of Current Registered Agent  A, RAFAEL A 6 ST 33126-5307  named entity submits this statement for the purpose of changing its registere ions of registered agent.  **Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered ions of registered agent.  **Signature, typed or printed name of registered agent and title if applicable.  **OFFICERS AND DIRECTORS  OP  MONTILLA, RAFAEL  4611 NW 6 ST  MIAMI FL 33126-5307  Delete  ITLE  NAME  STREE  CITY  Delete  TITLE  NAME  STREE  CITY  TITLE  NAME  STREE  STREE  CITY  TITLE  NAME  STREE  STREE  CITY  TITLE  NAME  STREE  CITY  TITLE  NAME  STREE  STREE  CITY  TITLE  TITLE  NAME  STREE  CITY  TITLE  TITLE  NAME  STREE  TITLE  TITLE  TITLE  TITLE  T	MIAMI FL 33126-5307   US     Place of Business   3. Mailing Address     Place of Business   5. Mailing Addres	MIAMI FL 33126-5307 US  Place of Business  3. Mailing Address #, etc.  City & State  Country  Zip  Country  Zip  Country  5. ( 6. Name and Address of Current Registered Agent  Name A, RAFAEL A 6 ST  33126-5307  City  named entity submits this statement for the purpose of changing its registered office or registered agions of registered agent.  **  Spreative, typed or printed name of registered agent and the it applicable.  (NOTE: Registered Agent signature required when reference agions of registered agent.  **  Spreative, typed or printed name of registered agent and the it applicable.  **  Spreative, typed or printed name of registered agent and the it applicable.  **  MAY 1, 2003 Fee will be \$55.0.00  (Payable to Florida Department of State)  OP  MONTILLA, RAFAEL  4611 NW 6 ST  MIAMI FL 33126-5307  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME	## citc.    Suite, Apt. 6, etc.   City & State   Street Address (P.O. Box Number is Not Acceptable to Florida Department of State   Suite Not Inc.	Itage of Business   3. Mailing Address   4. FEI Number   NOT APPLICABLE	## etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Guntry   Zip   Country   S. Cortificate of Status Desired   S. 75 Adr. Fee Require   S. 75 A

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:** 

04-28-03

Date

(305)484-4394

Daytime Phone #