

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90030 004 \*\*\*150.00

**DOCUMENT # P96000086505**

1. Entity Name  
**MONSON ENTERPRISES, INC.**

Principal Place of Business

6026 NW 172 TER. CIR.  
MIAMI FL 33015

Mailing Address

6026 NW 172 TER. CIR.  
MIAMI FL 33015

2. Principal Place of Business

1781 NE 163<sup>rd</sup> ST.

3. Mailing Address

1781 NE 163<sup>rd</sup> ST.

Suite, Apt. #, etc.

North Miami Beach, FL

Suite, Apt. #, etc.

North Miami Beach FL

City & State

City & State

Zip

33162

Country

Miami Dade

Zip

33162

Country

Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0702009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELENZ, EDWARD R  
6026 NW 172 TER. CIR.  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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.

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, 2002 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

TITLE, NAME  
DTSV  
MELENZ, EDWARD R  
STREET ADDRESS  
6026 NW 172 TER. CIR.  
CITY-ST-ZIP  
MIAMI FL 33015 ☐ Delete

TITLE, NAME  
DP  
MELENZ, TOMAS L  
STREET ADDRESS  
6620 NW 181 TER.  
CITY-ST-ZIP  
MIAMI FL ☐ Delete

TITLE, NAME  
☐ Delete

TITLE, NAME  
☐ Delete

TITLE, NAME  
☐ Delete

TITLE, NAME  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME  
☐ Change ☐ Addition

TITLE, NAME  
☐ Change ☐ Addition

TITLE, NAME  
☐ Change ☐ Addition

TITLE, NAME  
☐ Change ☐ Addition

TITLE, NAME  
☐ Change ☐ Addition

TITLE, NAME  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)