

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031687

1. Entity Name
MONTE'S PET LIMO, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91363 024 ***150.00

Principal Place of Business
**200 NE 169TH ST.
N. MIAMI BEACH FL 33162**

Mailing Address
**200 NE 169TH ST.
N. MIAMI BEACH FL 33162**

2. Principal Place of Business
200 NE 169st
Suite, Apt. #, etc.

3. Mailing Address
200 NE 169 st
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL
Zip
33162
Country
USA

City & State
MIAMI BEACH, FL
Zip
33162
Country
USA

4. FEI Number **65-0752905**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTEAGUDO, MARIA
200 NE 169TH ST.
N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name
N/A
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MONTEAGUDO, MARIA 200 NE 169TH ST. N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTEAGUDO, ADRIAN 200 NE 169TH ST. N. MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (305) 651-6329
Date Daytime Phone #

CR2E034 (10/00)