

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037921

1. Entity Name

MONACO TRANSPORTATION INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90131 020 ***150.00

Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DRIVE
SUITE 124
ORLANDO FL 32819

7061 GRAND NATIONAL DRIVE
SUITE 124
ORLANDO FL 32819-8398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3443251

☒ 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

~~SIMONE, SAVERIO~~
~~8342 FOXWORTH CIRCLE~~
~~ORLANDO FL 32819~~

Name **SAVERIO SIMONE**

Street Address (P.O. Box Number is Not Acceptable)

8043 HORSE FERRY ROAD

City **ORLANDO**

FL

Zip Code **32835**

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

JAN/07/2000

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, 2000 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 ☐ Delete
NAME **PD**
STREET ADDRESS **SIMONE, FLAVIANO**
CITY-ST-ZIP **6453 CONROY DR. 1008**
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **SIMONE, SAVERIO**
CITY-ST-ZIP **8342 FOXWORTH CIRCLE**
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8043 HORSE FERRY ROAD**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN/07/2000

Date

(407) 248.1230

Daytime Phone #

CR2E034 (9/99)