

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045255

1. Entity Name

MONTES OIL CORPORATION 2

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90011 004 ***150.00

Principal Place of Business

98210 OVERSEAS HIGHWAY
 KEY LARGO FL 33037
 US

Mailing Address

P O BOX 2469
 KEY LARGO FL 33037-7469
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0755064

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONTES, EDWARD O
 98210 OVERSEAS HIGHWAY
 KEY LARGO FL 33037

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, 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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	MONTES, EDWARD O	
STREET ADDRESS	98210 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	MONTES, ANTONIO	
STREET ADDRESS	98210 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MONTES, ALEXANDER J	
STREET ADDRESS	98210 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	VIZCARRA, ISABEL	
STREET ADDRESS	98210 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

4/24/00 (305) 8525270