## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 21, 2003 8:00 am Secretary of State

DOCUMENT # P97000057706  1. Entity Name MONKEYCLUB, INC.				Secretary of State 03-21-2003 90085 021 ***150.00		
Principal Place of Business 219 CLEMATIS STREET WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			STREET			
2. Principal Place of Business		3. Mailing Address			-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0767767 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	7		7. Name and Address of New Registered Agent	
			Name	Name MICHAELD MACH TO		
MASH, MICHAEL A JR. 10 THURSTON DR.			Street A	Street Address (P.O. Box Number is Not Acceptable)		
PALM BEA	ACH GARDENS FL 33418	148		18	NEWCASTLE DRIVE	
			City	10	ソロプスペ FL 対対イス	
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. I am familiar with, and accept the obligations by registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature/equired when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  (After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MASH, MICHAEL A JR. 10 THURSTON DR. PALM BEACH GARDENS FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14	Achange Addition AS NEWCASTLE DRIVE TUPITER, FL, 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MASH, CLEVE 10 THURSTON DR. PALM BEACH GARDENS FL 3341	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition  ALM BEACH GARAMS IZ 34/18	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	* *	- · □ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exemption stat	ed in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line impowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING PENCER OR DIRECTOR

3/18/03 (561/833-64