

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002

DOCUMENT # **P97000075102**  
1. Entity Name **ALEJANDRO MONCADA PA**

**FILED**  
03 JUL 17 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **9483 WESTOVER CLUB CIRCLE SPANB**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**WINDERMERE FL**  
Zip  
**34786**

City & State  
**WINDERMERE FL**  
Zip  
**34786**

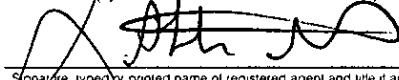
4. FEI Number  
**59-3465222**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **ALEJANDRO MONCADA**  
Street Address (P.O. Box Number is Not Acceptable)  
**9483 WESTOVER CLUB CIRCLE**  
City **WINDERMERE** FL Zip Code **34786**

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 **7/10/03**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 **PRES BD**  
NAME **ALEJANDRO MONCADA**  
STREET ADDRESS **9483 WESTOVER CLUB**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200021622022**  
**07/17/03--01027--009 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SUSANA MONCADA VP**  
**9483 WESTOVER CLUB BD**  
**WINDERMERE FL 34786**

TITLE  
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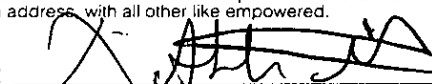
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

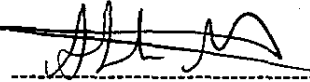
Date

Daytime Phone #

DATE **7/10/03**

ALEJANDRO MONCADA PA  
9483 WESTOVER CLUB CIRCLE  
WINDERMERE FL 34786

PLEASE WAIVE THE PENALTY FOR FILING LATE. I AM ENCLOSING A CHECK FOR 150  
DOLLARS. I NEVER RECEIVED THE ORIGINAL REPORT.

A handwritten signature in black ink, appearing to read 'Alejandro Moncada', is written over a horizontal dashed line.

ALEJANDRO MONCADA