

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000099814

1. Entity Name

MONTE Creations, INC.

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90340 012 \*\*\*150.00

Principal Place of Business

Mailing Address

(Changed)  
TO:(Changed)  
TO:

2. Principal Place of Business

4000 N. 29<sup>TH</sup> AVE

3. Mailing Address

125 NW 73<sup>RD</sup> TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

HOLLYWOOD, FL

City &amp; State

PLANTATION, FL

4. FEI Number

65-0796023

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33317

Country

USA

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

MONTE, JOSEPH F.  
125 NW 73<sup>RD</sup> TERR  
PLANTATION, FL 33317

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, 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 ☐ Delete  
NAME D JOSEPH F. MONTE  
STREET ADDRESS 125 N.W. 73<sup>RD</sup> TERRACE  
CITY-ST-ZIP PLANTATION, FL 33317TITLE ☐ Delete  
NAME S MONTE, PATRICIA C.  
STREET ADDRESS 125 NW 73<sup>RD</sup> TERRACE  
CITY-ST-ZIP PLANTATION FL 33317TITLE ☐ Delete  
NAME T PATRICIA C. MONTE  
STREET ADDRESS 125 NW 73<sup>RD</sup> TERRACE  
CITY-ST-ZIP PLANTATION FL 33317TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 (11/00)