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2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

Feb 11, 2002 8:00 am **DOCUMENT #** P97000103739 Secretary of State 1. Entity Name 02-11-2002 90185 031 ***150 00 MONTERICO CORP. Principal Place of Business Mailing Address 1301 N.W. 88 COURT, #200 1301 N.W. 88 COURT, #200 MIAMI FL 33172 MIAM! FL 33172 2. Principal Place of Business Mailing Address 77 OCEAN 177 OCEAN LANE DIO Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0825669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired JSA Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent GERARIASO SAMPEDRO, GERARDO Box Number is Not Acceptable 1301 NW 89TH CT. **MIAMI FL 33172** 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ... FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. E ☐ Addition TITLE ☐ Delete TITLE 6 BUMP, BEVERLY NAME CR2E034 STREET ADDRESS 3694 ESTEPONA AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MESCHETE EXCARDO 177 OCEAN LANE DRI. 911. NAME MESCHEDE, RICARDO NAME STREET ADDRESS 3694 ESTEPONA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** KEY DISCAY NE, PU 33149 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME KUHN, ALAN STREET ADDRESS STREET ADDRESS 3694 ESTEPONA AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition TITLE □ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report or flystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if