

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90146 038 ***150.00

DOCUMENT # P97000103739	
1. Entity Name MONTERICO CORP.	

Principal Place of Business 177 OCEAN LANE DRIVE STE 911 KEY BISCAYNE FL 33149 US	Mailing Address 177 OCEAN LANE DRIVE STE 911 KEY BISCAYNE FL 33149 US
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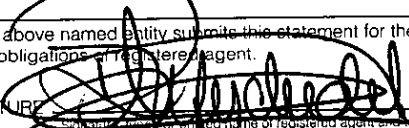


2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0825669	Applied For
	Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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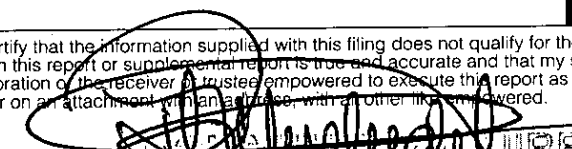
6. Name and Address of Current Registered Agent SAMPEDRO, GERARDO 177 OCEAN LANE DRIVE STE 911 KEY BISCAYNE FL 33149	7. Name and Address of New Registered Agent Name: MESCHERE, RICARDO Street Address (P.O. Box Number is Not Acceptable): 177 OCEAN LANE DR SUITE 911 City: KEY BISCAYNE FL Zip Code: 33149
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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 of registered agent.	
SIGNATURE: 	DATE: 01/08/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMP, BEVERLY 3694 ESTEPONA AVENUE MIAMI FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANNA KUHN 177 OCEAN LANE DR STE 911 KEY BISCAYNE, FL 33149 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MESCHERE, RICARDO 177 OCEAN LANE STE 911 MIAMI FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KUHN, ALAN 3694 ESTEPONA AVE MIAMI FL 33178 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an other like and so forth.	
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SIGNATURE: 	DATE: 01/08/03	DAYTIME PHONE #: 305-308-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)