

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90063 021 ***150.00

DOCUMENT # P98000025552

1. Entity Name

MONISTERE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

11179 MALAYAN ST
 BOCA RATON FL 33428
 US

11179 MALAYAN ST
 BOCA RATON FL 33067-1912
 US

2. Principal Place of Business

3. Mailing Address

8999 NW 47 COURT

8999 NW 47 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

33067

USA

Zip

Country

33067

USA

4. FEI Number

65-0821342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONISTERE, SUSAN
11179 MALAYAN ST
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

8999 NW 47 COURT

City

CORAL SPRINGS

FL

Zip Code

33067

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

Susan Monistere

President

4-25-00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MONISTERE, SUSAN L	
STREET ADDRESS	11179 MALAYAN ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VM	<input type="checkbox"/> Delete
NAME	MONISTERE, DANIEL J	
STREET ADDRESS	11179 MALAYAN ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8999 NW 47 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8999 NW 47 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Monistere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

DATE

954-895-6722

DAYTIME PHONE #