

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000048193

1. Entity Name

MONTE INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1221 BRICKELL AVE 9 FLOOR 4073 HOLLY CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

WESTON FL

4. FEI Number

65-0838804

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS MONTES

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

779 VISTA MEADOWS DR.

City

WESTON

FL

Zip Code

33327

**DO NOT WRITE
IN THIS SPACE**

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)

2/12/02
DATE

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 P, S
NAME CARLOS MONTES
STREET ADDRESS 779 VISTA MEADOWS DR
CITY-ST-ZIP WESTON FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ELIZABETH CHAVES CAMP
STREET ADDRESS 1221 BRICKELL AVE 9 FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE
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IN THIS SPACE**

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

CARLOS MONTES

Date

2/12/02

Daytime Phone #

(954) 6599025

CR2E034B (12/01)