

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90144 024 ***150.00

DOCUMENT # P98000048193

1. Entity Name
MONTE INVESTMENTS, INC.



Principal Place of Business
**1221 BRICKELL AVE. 9TH FL
MIAMI FL 33131**

Mailing Address
**4073 HOLLY CT
WESTON FL 33331**

2. Principal Place of Business

8359 PINES BOULEVARD

3. Mailing Address

4085 HOLLY CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

WESTON, FL

Zip

33024

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-0838804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONTES, CARLOS
779 VISTA MEADOWS DR.
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **CARLOS MONTES**

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

4085 HOLLY COURT

City

WESTON

FL

Zip Code

33331

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

CARLOS MONTES

(NOTE: Registered Agent signature required when reinstating)

4.24.03

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **MONTES, CARLOS**
STREET ADDRESS **779 VISTA MEADOWS DR.**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature]
CARLOS MONTES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.03

Date

954-B02-0909

Daytime Phone #

CR2E034 (10/02)