

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 02, 2001 8:00 am
Secretary of State

05-17-2001 91282 015 ****61.25

07-02-2001 90001 049 ****88.75

DOCUMENT # **P980000048269**1. Entity Name **Monogram Assoc. Mgmt., Inc.**

Principal Place of Business

Mailing Address

**21346 St. Andrews Blvd St 101
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

BOCA RATON**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

Boca Raton FL**Boca FL**

4. FEI Number

650859370

Applied For

Not Applicable

Zip

Country

Zip

Country

33434**Palm Beach****33433****Palm Beach**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gary Budd

Name

**21346 St Andrews Blvd St 101
Boca Raton, FL 33433**

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

City

FL

Zip Code

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)

DATE

FILE NOW
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Gary Budd	21346 St Andrews Blvd	BOCA RATON, FL 33434	<input type="checkbox"/>
Secretary	GARY Paula Budd	21346 St Andrews Blvd	BOCA RATON FL 33434	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

561-447-6296

561-994

CR2E037 (1/1/00)