

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90328 007 ***150.00

DOCUMENT # P98000084496

1. Entity Name
PEOPLE'S SUCCESS, INC.

Principal Place of Business Mailing Address
690 S.E. 15TH ST., #202 **690 S.E. 15TH ST., #202**
DANIA-FL 33004 **DANIA-FL 33004**

2. Principal Place of Business 3. Mailing Address
4732 NW. 167TH ST. **4732 NW. 167TH ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL 33014 **Miami, FL**
 Zip Country Zip Country
33014 USA 33014 USA

4. FEI Number **65-0867778** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

MONTANA, CARLOS T
690 S.E. 15TH ST., #202
DANIA-FL 33004

7. Name and Address of New Registered Agent

Name **CARLOS F. MONTANA**
 Street Address (P.O. Box Number is Not Acceptable)
4732 NW. 167TH ST.
 City **MIAMI** FL Zip Code **33014**

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]* **REGISTERED AGENT** **010401**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MONTANA, CARLOS T
STREET ADDRESS	690 S.E. 15TH ST., #202
CITY-ST-ZIP	DANIA FL 33004
TITLE	D <input type="checkbox"/> Delete
NAME	MONTANA, WILLIAM R
STREET ADDRESS	AV CRA 68 NO. 75A-50 L-109
CITY-ST-ZIP	BOGOTA, COLUMBIA
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *[Signature]* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01 (305) 628-5466
Date Daytime Phone #

CR2E034 (10/00)