2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **P98000101752**

1. Entity Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

MONACO MARINE MANAGEMENT CO., INC.

500 CORDOVA ROAD SUITE 214 FORT LAUDERDALE FL 33316		1500 CORDOVA ROAD SUITE 214 FORT LAUDERDALE FL 33316-2190							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		j	DO NOT WRITE IN THIS SPACE				
City & State		City & State		4 . F	El Number	65-0886466		oplied For ot Applicable	Ì
Zip	Country	Zip	Country	5. C	Certificate of	Status Desired_	\$8.75 Add	ditional _	
	6. Name and Address of Current F	Registered Agent		່ 7. N	lame and Ac	Idress of New Registere	ed Agent		j
•			Name	9+0	even	Sinas	P		l
BARI	OFELD, J.D. SKIP		Street Add			Not Acceptable)			ł
	.E. 168TH STREET		Sileet Add	38	3.0	.108th	<u>St_</u>		
NOR	TH MIAMI BEACH FL 33162				-				
			City Vo	~h N	nia mi	Beach F	L Zip Cod	\$162	
8. The above	named entity submits this statement for	the purpose of changing its re			ent, or both, i		<u> </u>		ĺ
	Ω . If	1 11.0		-					
SIGNATURE	(CANIDA)	L KOLD							
	Signature, typed or prinled name of registered agent at	nd title if applicable. (NOTE: I	Registered Agent signature	required when rei	instating)	DAT	E	_	
9. This corpo	ration is eligible to satisfy its Intangible	EHE NOW!!!	FEE IS \$150.00		Í		A= 0		
Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00			1	on Campaign Financing Fund Contribution.		May Be	ļ
(See criter	ia on back)	Make Check Payable	e to Department o	of State	11001				
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CH	IANGES TO OFFICERS A	ND DIRECTOR	S IN 11	_ إ
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	0
NAME	KELLY, CYNTHIA		NAME						9
Street address	1500 CORDOVA ROAD, SUITE 2	14	STREET ADDRESS						18
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP						18
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	٦
NAME	TISIER, MICHEL		NAME -						
STREET ADDRESS	1500 CORDOVA ROAD, SUITE 2	14	STREET ADDRESS						ł
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP					Fill success	ł
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						Į
		□ • · ·					☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	· · ·		TITLE				☐ Change	☐ Addition	
HILL		LLJ Delete	.,						1

FILED

May 02, 2000 8:00 am Secretary of State

☐ Change

☐ Addition

05-02-2000 90159 015 ***150.00

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:

Date

Dat

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

☐ Delete