

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90396 027 ***150.00

DOCUMENT # P99000013218

1. Entity Name

Monystates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1221 Brickell Avenue

3. Mailing Address

999 Ponce De Leon Blvd.

Suite, Apt. #, etc.

24th Floor

Suite, Apt. #, etc. c/o Maria

Machado, CPA, #1100

City & State

Miami, Florida

City & State

Coral Gables, FL

Zip

33131

Country

Zip

33134

Country

4. FEI Number

65-0934629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Pedro A. Martin, Esq.

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

Greenberg Traurig, P.A.

1221 Brickell Ave., 24th Floor

City

Miami

FL

Zip Code

33131

**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)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Rodolfo Cavalcanti Bezerra (D)
1221 Brickell Avenue, 24th FL
Miami, Florida 33131

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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

Date

Daytime Phone #

CR2E034B (12/01)