## **2000 UNIFORM BUSINESS REPORT (UBR)**

| 2000   | ONIFO                               | MINI DOS  | DINESS NEP   | ONI JUDI   | n,                                   | •   |                         |                               |
|--|-------------------------------------|---|--|--|--------------------------------------|---|-------------------------|-------------------------------|
| DOCU<br>1. Entity Nam  | MENT #                              | P99000  | 037982   |  |                                      |   |                         |                               |
| MONTOYA CONSTRUCTION COMPANY, INC.                                 |                                     |   |  |  |                                      | FILED   |                         |                               |
| Principal Place of Business Mailing Address                        |                                     |   |  |  |                                      | 00 MAY -2 PM 2: 34  |                         |                               |
|  | S. W. 14                            | 9 Court<br>185  | P. O. Box<br>Miami, FL   |  | 002                                  | SECRETARY OF STATE TALLAHASSEE FLORIDA  |                         |                               |
| 2. Principal P   | Place of Business                   |   | 3. Mailing Address   |  |                                      |   |                         |                               |
| Suite, Apt. #, etc.  |                                     |   | Suite, Apt. #, etc.  | *  |                                      | DO NOT WRITE IN THIS SPACE  |                         |                               |
| City & Stat  | e .                                 |   | City & State   |  |                                      | 4. FEI Number 65-0915494  |                         | Applied For<br>lot Applicable |
| Zip  | . Co                                | untry   | Zip  | Country  |                                      | 5. Certificate of Status Desired  | \$8.75 Ac<br>Fee Requir | ditional<br>ed                |
| A A M:  8. The above   | named entity subr                   | FL 3300 mits this statement when the diame of registered ager | for the purpose of changing  ACUST  In and title if applicable. (N | City M   | iami r registered  Ten:              | d agent, or both, in the State of Florida.  |                         | 2000<br>00 May Be             |
| Tax filing requirement and elects to do so. (See criteria on back) |                                     |   | Make Check Pay   | After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta |                                      | Trust Fund Contribution. Added to Fees  |                         |                               |
| TITLE "  | D/                                  | OFFICERS ANI  | D DIRECTORS  ***********************************                   | 12.  | <del></del>                          | ADDITIONS/CHANGES TO OFFICERS A   | Change                  |                               |
| NAME :    <br>STREET ADDRESS<br>CITY-ST-ZIP                        |                                     |   | th Street  | NAME STREET ADDRESS TO CITY-ST-ZIP   | ************************************ |   | <i>)</i>                |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              | D/P/T<br>Carlos<br>5750 N.<br>Miami | . W. 186t   | □ Delete th St. #306 3-10  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                      | -05/11/700(<br>****158.75   | THP4M99<br>****15       |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |                                     |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 390                                  | ustin [3] Cantens<br>06 S. W. 88th Court<br>ami, FL 33165                                   | ☐ Change                | <b>x∃</b> &ddifien            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |                                     |   | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                      |   | ☐ Change                | Addition                      |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP                              |                                     |   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                      |   | Change                  | ☐ Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |                                     |   | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                      |   | ☐ Change                | ☐ Addition                    |
|  | certify that the infor              | mation supplied w   | th this filing does not qualify<br>is true and accurate and that   | <b>1</b> -   | ited in Sec<br>nave the sa           | tion 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; that | certify that the        | information<br>or director    |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytime Phone &