


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # P99000068911 1. Entity Name MONTOYA & RESTREPO COMPANY, INC. |  |
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FILED
03 MAY -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 6114 NW 74TH AVENUE MIAMI, FL 33166 | Mailing Address 6114 NW 74TH AVENUE MIAMI, FL 33166 |
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|---|---|
| 2. Principal Place of Business 5542 NW 112 CT. Suite, Apt. #, etc. | 3. Mailing Address 5542 NW 112 CT. Suite, Apt. #, etc. |
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☐ CHECK HERE IF MAKING CHANGES

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|----------------------------------|----------------------------------|
| City & State Miami, FL | City & State Miami, FL |
| Zip 33178 | Country |

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| 4. FEI Number 65-0938012 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ZAMBRANO, ALVARO 14453 S.W.115TH STREET MIAMI, FL 33186 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | PD RESTREPO, JAIME 14453 S.W.115TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | SVD MONTOYA, MARCELA 14453 S.W.115TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | TD ZAMBRANO, ALVARO 14453 S.W.115TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100018838091 05/13/03--01055--026 **900.00 500018838091 05/13/03--01055--026 **900.00 |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE-NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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.

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| SIGNATURE: <u><i>Zambrano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ <small>Date</small> | Daytime Phone # _____ <small>Daytime Phone #</small> |
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CR2E034 (10/02)