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CR2E034 (9/99)

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DOCUMENT # P99000080995

1. Entity Name

AUGMAR MONTILLA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7305 W. SAMPLE RD., STE. 101
CORAL SPRINGS FL 33065

7305 W. SAMPLE RD., STE. 101
CORAL SPRINGS FL 33065-2200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTILLA
RODRIGUEZ, FERNANDO
7305 W. SAMPLE RD., STE. 101
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RODRIGUEZ, MARGO	7305 W. SAMPLE RD., STE. 101	CORAL SPRINGS FL 33065	<input type="checkbox"/>
D	RODRIGUEZ, AUGUSTIN	7305 W. SAMPLE RD., STE. 101	CORAL SPRINGS FL 33065	<input type="checkbox"/>
D	MONTILLA, FERNANDO	7305 W. SAMPLE RD., STE. 101	CORAL SPRINGS FL 33065	<input type="checkbox"/>
D	MONTILLA, TRACY C	7305 W. SAMPLE RD., STE. 101	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 AM 9:51



REINSTATEMENT

4. FEI Number
65-0952851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required