

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092701

1. Entity Name

MONIS CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90057 008 ***150.00

Principal Place of Business

C/O AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

Mailing Address

C/O AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131-3255

2. Principal Place of Business

881 Ocean Dr 3F
Suite, Apt. #, etc.

3. Mailing Address

881 Ocean Dr 3F
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne Florida

City & State

Key Biscayne Florida

4. FEI Number

65-0955194

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

33149

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **ANGEL, AMPARO**
STREET ADDRESS **C/O AGIM REGISTERED AGENTS, INC.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **NACHTIGALL, BRIGETTE**
STREET ADDRESS **C/O AGIM REGISTERED AGENTS, INC.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **NACHTIGALL, PATRICIA**
STREET ADDRESS **C/O AGIM REGISTERED AGENTS, INC.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **NACHTIGALL, ANDREA**
STREET ADDRESS **C/O AGIM REGISTERED AGENTS, INC.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pre 4/5/2000

Date

Daytime Phone #

CR2E034 (9/99)