2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 06, 2002 8:00 am Secretary of State P99000098458 DOCUMENT # 1. Entity Name 05-06-2002 90205 018 ***150.00 MONYSTED PA, INC. Principal Place of Business Mailing Address 6050 N.W. 68TH ST. 6050 N.W. 68TH ST. PARKLAND FL 33067-4508 PARKLAND FL 33067-4508 2. Principal Place of Business 3. Mailing Address 5160 GREYSTONE WAY 5160 GREYSTONE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0960448 KIRMINB HAM IRMINGHAM Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAGG, K. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) WHITE & CASE LLP 200 S. BISCAYNE BLVD., STE. 4900 **MIAMI FL 33131** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. <u>P/ N</u> CR2E034 (9/01) TITLE TITLE ☐ Delete Change DECASTRO, DONALD S NAME NAME 5160 GREYSTONE WAY 6050 N.W. 68TH ST. STREET ADDRESS STREET ADDRESS PARKLAND FL 33067-4508 BIRMINGHAM, AL 35242 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Y/D 👿 Change ☐ Addition DECASTRO, DAWN JEAN, NAME NAME 5760 GREYSTONE-WAY STREET ADDRESS 6050 N.W. 68TH ST. STREET ADDRESS PARKLAND FL 33067-4508 BIRMINGHAM, AL 35242 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP---☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive for 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