

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56576

1. Entity Name
MONACO INTERNATIONAL CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 028 ***150.00

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|--|--|
| Principal Place of Business 7921 TENNYSON CT BOCA RATON FL 33433 US | Mailing Address 7921 TENNYSON CT BOCA RATON FL 33433 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 4100 GALT OCEAN DRIVE Suite, Apt. #, etc. APT. 401 City & State FORT LAUDERDALE, FL Zip 33308 Country USA | 3. Mailing Address 4100 GALT OCEAN DRIVE Suite, Apt. #, etc. APT. 401 City & State FORT LAUDERDALE, FL Zip 33308 Country USA |
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|--|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

MONACO, CLAUDIA
7350 SW 173RD ST
MIAMI FL 33157

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPS MONACO, CLAUDIA 7921 TENNYSON CT 4100 GALT OCEAN DR. APT 401 BOCA RATON FL 33433 FT. LAUDERDALE, FL, 33308 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Claudia Monaco 04/23/01. 954-582525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)