FILED Jan 14, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410354 1. Entity Name MANTOVANI REALTY & DEVELOPMENT INC.					Secretary of State 01-14-2003 90074 002 ***150.00		
Principal P 7800 NW 7. MIAMI FL 3 US		Mailing Address 7800 NW 72ND AVE, MIAMI FL 33166 US			Handari Alandari arang arang bandari arang ar	Daga daga diri	- 202 0 1000
		3. Mailing Address P.O. Box 3	Mailing Address P.O. BOX 32967				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Zip		PAIN BEACH CA	andens, F	7	4. FEI Number 59-1417331		Applied For
- 	Country	33420-2967	Country Palm BEACH	6]	5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current R	egistered Agent	A1-		7. Name and Address of New Registered	Agent	
MANTOVANI, KENNETH J., JR. 7800 NW 72 AVE. MIAMI FL 33166			Street A	Street Address (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent.			City		FL Zip Code		
the obliga			Registered Agent signatu			familiar with,	and accept
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of S	tate			DATE DATE DETERMINENT	\$5.(Adder	0 May Be
TITLE	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MANTOVANI JR., KEN J. 7800 NW 72ND AVE. MIAMI FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANTOVANI, JR, KEN J 7800 N.W. 72 AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	क्षा के प्रतिकार की किया है। इ.स.च्या के किया की किया की	Change	Addition -
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS	 -	☐ Delete	TITLE NAME			☐ Change	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 poort 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 changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR