


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 042 ****50.00

DOCUMENT # **L01000013701**

1. Entity Name
MAN-CO. USA, L.L.C.



Principal Place of Business Mailing Address

**3440 HOLLYWOOD BLVD. STE 360
HOLLYWOOD FL 33021** **3440 HOLLYWOOD BLVD. STE 360
HOLLYWOOD FL 33021**

2. Principal Place of Business 3. Mailing Address

**321 JEFFERSON ST.
2nd Floor** **321 JEFFERSON ST.
2nd Floor**

City & State City & State

Hollywood, FLA. **Hollywood, FLA.**

Zip Country Zip Country

33019 U.S.A. **33019 U.S.A.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ.
% ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., STE 360
HOLLYWOOD FL 33021**

4. FEI Number Applied For

65-1131025 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAL, JOSE N 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSKOPF, MANUEL 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	321 JEFFERSON ST. 2nd Floor Hollywood, FLA. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	321 JEFFERSON ST. 2nd Floor Hollywood, FLA. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____

SIGNATURE REQUIRED

CR2E083 (10/02)