

2000 UNIFORM BUSINESS REPORT (UBR)

5/7/00 09:11:00 AM 00 00 00

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-23-2000 90244 020 ***150.00

DOCUMENT # P99000031430

1. Entity Name

MANCUSO REALTY INC.

Principal Place of Business

Mailing Address

9065 S.E. BRIDGE ROAD
 HOBE SOUND FL 33455

9065 S.E. BRIDGE ROAD
 HOBE SOUND FL 33455-5314

2. Principal Place of Business

3. Mailing Address

8896 SE Bridge Rd.

8896 SE Bridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hobe Sound, FL.

Hobe Sound FL

City & State

City & State

33455

33455

Zip

Country

Zip

Country

4. FEI Number

65-0920708

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCUSO, RONALD R
9065 S.E. BRIDGE ROAD
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name **Mancuso, Ronald R.**

Street Address (P.O. Box Number is Not Acceptable) **8896 SE Bridge Rd.**

City **Hobe Sound FL** Zip Code **33455**

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 **Ronald R. Mancuso**
 Signature, typed or printed name of registered agent and use if applicable.

Ronald R. Mancuso
 (NOTE: Registered Agent signature required when reinstating)

6/29/00
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p>D</p> <p>MANCUSO, RONALD R</p> <p>9065 S.E. BRIDGE ROAD</p> <p>HOBE SOUND FL 33455</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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 furnished 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: **Ronald R. Mancuso**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

644 288-4663
 Cayman Phone #