

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90187 003 ***158.75

DOCUMENT # 240244

1. Entity Name
MANUCY J H- INC



Principal Place of Business
**4694 PALM AVE
HIALEAH FL 33012**

Mailing Address
**4694 PALM AVE
HIALEAH FL 33012**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-0906114**

Applied For
 Not Applicable

5. Certificate of Status Desired -- **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOMIS JACOB
4694 PALM AVENUE
HIALEAH FL 33023**

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 Jacob Gomis, V.P. DATE 4/1/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMIS, JACOB 5917 SW 114TH AVENUE COOPER CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP HERNANDEZ, BERNABE 2836 SW 25TH ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAAKER, ALAN 6541 SW 31ST STREET MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARINOS, ATHANASIOS T 800 NE 199TH ST D108 MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUPUIS, JOY 715 W 50TH ST HIALEAH FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <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	DP <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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Gomis DATE: 4/1/03

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 305-821-1281

CR2E034 (10/02)