

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90356 001 ***300.00

DOCUMENT # 249956

1. Entity Name

MANNAGAI KENNELS INC

Principal Place of Business

**5901 S.W. 160TH AVENUE
 FORT LAUDERDALE FL 33331**

Mailing Address

**5901 S.W. 160TH AVENUE
 FORT LAUDERDALE FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1011437**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPLES, MARYGAY
 5901 S.W. 160 AVE.
 FORT LAUDERDALE FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CHAPLES, MARYGAY**
 STREET ADDRESS **5901 SW 160 AVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33331**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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:

Marygay Chaples
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

2/10/01 (954) 325-1220
 Date Day Phone
(954) 424-5812

CR2E034 (10/00)

(Attachment)

#M94159

72509

Am enclosing this so you can see why this was not mailed.

This was first written as a fatality. We have been caring for her & are going to orthopedic Surg. now. Thank God she will live to see her future.

I came across this in cleaning out the car which was impounded because of the accident.

Sincerely

Mrs. Charles.

04/17/01 15:30 FAX 954 714 6518

PROGRESSIVE COVERAGE UNIT

001/004

FLORIDA TRAFFIC CRASH REPORT
LONG FORMMAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEA, KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0600

DO NOT WRITE IN THIS SPACE

016312165

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSVA CRASH REPORT NUMBER	
04/11/01	9:46 AM	9:48 AM	9:50 AM	01-01223	60225218	
COUNTY / CITY CODE	FEET or MILES	FEET or MILES	CITY OR TOWN	(Check "Y" in City or Town)	COUNTY	
10180			CUDORA CITY		7	
AT NODE NO.	FEET or MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED	
			4	1	ON STREET, ROAD OR HIGHWAY	
AT THE INTERSECTION OF	FEET or MILES	FROM INTERSECTION OF			STIRLING RD	
	450		SR 823 (FLAMINGO RD)			
DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	
3	2000	PLYM	01/01	E4856A	FLIPR6560C756523532	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE				
VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	
STIRLING RD			40	40	1500	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR R/P)		POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Other	
UNDERWRITERS		007625		ATB TOWING	1	
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE	DATE OF BIRTH	
SHANNA LYNNIE Charles		2160 Champions Way N. Lauderdale, FL		33062	10-04-83	
DRIVER LICENSE NUMBER	STATE	DL TYPE	END	ALCOHOL TEST TYPE	RESULTS	
P142292838640	FL	5	3	1 Blood 3 Urine 5 Mouth 2 Breath 4 Refused	1 1 1 1 2 4 1 4 1	
HAZARDOUS MATERIALS BEING TRANSPORTED	1. Yes 2. No	PLACARDED	1. Yes 2. No	RECOMMEND DRIVER RE-EXAM	1. Yes 2. No	
PASSENGER'S NAME (Additional on Narrative Page)		CURRENT ADDRESS		CITY & STATE / ZIP CODE	AGE 1200 IN 8 B.O.B.P. EJECT.	
DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	
3	85	0066	02/03	A765XU	FL2016A1573FA2656	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE				
VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	
STIRLING RD			30-35	40	200	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR R/P)		POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Other	
PROGRESSIVE		04465941-0		DRIVER	3	
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
KINS INC.		4600 PANHANDLE RD NEWNAN GA		GA 30021		
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE	DATE OF BIRTH	
ROBERT WHISBY		3306 NW 1935 MILA FL		33056	6/11/39	
DRIVER LICENSE NUMBER	STATE	DL TYPE	END	ALCOHOL TEST TYPE	RESULTS	
W210720322110	FL	2	3	1 Blood 3 Urine 5 Mouth 2 Breath 4 Refused	1 1 1 1 2 1 1 2 1	
HAZARDOUS MATERIALS BEING TRANSPORTED	1. Yes 2. No	PLACARDED	1. Yes 2. No	RECOMMEND DRIVER RE-EXAM	1. Yes 2. No	
PASSENGER'S NAME (Additional on Narrative Page)		CURRENT ADDRESS		CITY & STATE / ZIP CODE	AGE 1200 IN 8 B.O.B.P. EJECT.	
VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RENDERANCE (Driver's CV)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	
01 Automobile 02 Passenger Van 03 Pickup/Light Truck - 2 rear drive 04 Medium Truck - 4 rear drive 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Engine) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other	01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 77 Other	01 Single Unit Trailer 02 Tandem Unit Trailer 03 Tank Trailer 04 Semi Trailer / Flatbed 05 Boat Trailer 06 Utility Trailer 07 Horse Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other	1 Country of Origin 2 Base of Origin 3 Non-Resident of State 4 Foreign - 5 Unknown 6 Type 7 Race 8 Sex 9 Age 10 Weight 11 Height 12 Eyes 13 Hair 14 Complexion 15 Blood Type 16 Blood Pressure 17 Blood Sugar 18 Blood Cholesterol 19 Blood Alcohol 20 Blood Urine 21 Blood Other 22 Blood Test Results 23 Blood Test Results 24 Blood Test Results 25 Blood Test Results 26 Blood Test Results 27 Blood Test Results 28 Blood Test Results 29 Blood Test Results 30 Blood Test Results	1 No Defects Known 2 Brake Light Defect 3 Brake Defect 4 Brake Defect 5 Brake Defect 6 Brake Defect 7 Brake Defect 8 Brake Defect 9 Brake Defect 10 Brake Defect 11 Brake Defect 12 Brake Defect 13 Brake Defect 14 Brake Defect 15 Brake Defect 16 Brake Defect 17 Brake Defect 18 Brake Defect 19 Brake Defect 20 Brake Defect 21 Brake Defect 22 Brake Defect 23 Brake Defect 24 Brake Defect 25 Brake Defect 26 Brake Defect 27 Brake Defect 28 Brake Defect 29 Brake Defect 30 Brake Defect	1 No or Using or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALCOHOL / Drug Test Results 7 Pending ALCOHOL / Drug Test Results 8 Pending ALCOHOL / Drug Test Results 9 Pending ALCOHOL / Drug Test Results 10 Pending ALCOHOL / Drug Test Results 11 Pending ALCOHOL / Drug Test Results 12 Pending ALCOHOL / Drug Test Results 13 Pending ALCOHOL / Drug Test Results 14 Pending ALCOHOL / Drug Test Results 15 Pending ALCOHOL / Drug Test Results 16 Pending ALCOHOL / Drug Test Results 17 Pending ALCOHOL / Drug Test Results 18 Pending ALCOHOL / Drug Test Results 19 Pending ALCOHOL / Drug Test Results 20 Pending ALCOHOL / Drug Test Results	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Side of Truck 8 Bus Passenger 9 Other 10 Directed 11 No 12 Yes 13 Partial

Attachment

72509

M94159

