2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90210 044 ***150.00

DOCUMENT # 249956

1. Entity Name
MANNAGAI KENNELS INC

Principal Place of Business	Mailing Address
5801 S.W. 160TH AVENUE FORT LAUDERDALE FL 33331	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

☐ CHECK HERE IF MAKING CHANGES

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

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

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

[redacted]

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Marygay Chaples MARYGAY Chaples 3/28/03 954-925-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

80118857
249956

As per our conversation here are copys of the copys that I sent to you & never cleared. Thank you

Mrs. Chaples.

P.S. I went to the post office this time instead of my mail box. Should the originals show up do you cash the check again or void it? I am also making two seperate checks instead of one as you advised.

Thank you again.

MANNAGAI KENNELS INC.
MARYGAY CHAPLES - OWNER
5901 SW 160 AVE. PH. 954-434-5812
SOUTH WEST RANCHES, FL 33331

384

Date 3-28-03

Pay to the order of Florida Dept of State $ 300.00

Three Hundred 00/100 Dollars

WACHOVIA BANK, N.A.
WEST PALM BEACH, FL 33401

For

Marygay Chaples