

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90138 040 ***150.00

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DOCUMENT # 546843

1. Entity Name
MADEIRA MANOR INC.



Principal Place of Business
**225-229 MADEIRA
CORAL GABLES FL 33134
US**

Mailing Address
**6851 S.W. 128 STREET
~~MIAMI~~ FL 33156 **PINECREST**
US**



2. Principal Place of Business
225-229 MADEIRA

3. Mailing Address
SAME

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES FL

City & State
PINECREST. FL

4. FEI Number **59-1762898**

Applied For
 Not Applicable

Zip **33134** Country **DADE**

Zip **33156** Country **DADE**

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

ORLANDO, POLDI
6851 S.W. 128 STREET
MIAMI FL 33158

OWNER

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME ORLANDO, DOMINICK D.	
STREET ADDRESS 6851 SW 128 STREET	
CITY-ST-ZIP MIAMI FL 33158	
TITLE VP	<input type="checkbox"/> Delete
NAME POLDI, ORLANDO	
STREET ADDRESS 6851 SW 128 ST	
CITY-ST-ZIP MIAMI FL 33158	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 907, 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: *D. DAN ORLANDO* **SIGNATURE REQUIRED** *1/6/03* *305 446 4949*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)