

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90744 026 \*\*\*150.00

**DOCUMENT # 832968**

1. Entity Name  
**MANCINI, INC.**



Principal Place of Business  
**23170 SCHOENHERR ROAD  
WARREN MI 48089**

Mailing Address  
**23170 SCHOENHERR ROAD  
WARREN MI 48089**



☐ CHECK HERE IF MAKING CHANGES

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 **38-1650377**

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

**MANCINI, ALBERT JR  
1878 NW 21ST STREET  
POMPANO BEACH FL 33069**

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

**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	SD	<input type="checkbox"/> Delete
NAME	MANCINI, ALBERT, JR	
STREET ADDRESS	1878 NW 21ST STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANCINI, NICHOLAS	
STREET ADDRESS	1878 NW 21ST STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANCINI, ALBERT JR	
STREET ADDRESS	1878 NW 21ST STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Nicholas Mancini**

**3/6/03**

**586 774-9800**

Date

Daytime Phone #