APPROVEL 2002 UNIFORM BUSINESS REPORT (UBR) A98000002388 **DOCUMENT #** 02 APR 18 PH 2: 26 1. Entity Name MNL INDUSTRIES, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 1155 HILLSBORO MILE (A1A). SUITE 602 1155 HILLSBORO MILE (A1A). SUITE 602 HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0876341 Not Applicable Country \$8.75 Additional Zip \Box Zip Country Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEIBOWITZ, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 1155 HILLSBORO MILE (A1A) SUITE 602 HILLSBORO BEACH FL 33062 Zip Code City 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. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION \$100.00 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P93000019352 DOCUMENT # STREET ADDRESS CENTERGY, INC. NAME 1155 HILLSBORO MILE (A1A) SUITE 602 STREET ADDRESS CITY-ST-ZIP 200005338772---04/25/02--01013--022 HILLSBORO BEACH FL 33062 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CENTRAY, NC.- GENERAL PARTHER.

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Secretary-Treasurer 4/5/ov (454) 480-6485

CR2E003 (9/01)