

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08581

1. Entity Name

MANHATTAN HOUSE, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90018 030 \*\*\*550.00

Principal Place of Business

345 LINCOLN RD  
MIAMI BEACH FL 33139

Mailing Address

1655 COLLINS AVENUE  
MIAMI BEACH FL 33139

2. Principal Place of Business

1655 Washington Ave  
Suite, Apt. #, etc.

3. Mailing Address

1655 Washington Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL  
Zip 33139 Country

City & State

Miami Beach, FL  
Zip 33139 Country

4. FEI Number

59-2052202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BHOJWANI, KOMAL  
345 LINCOLN RD  
MIAMI BCH FL 33139

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	ST	<input type="checkbox"/> Delete
NAME	BHOJWANI, KOMAL	
STREET ADDRESS	345 LINCOLN RD	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BHOJWANI, NANDINI	
STREET ADDRESS	345 LINCOLN RD	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	BHOJWANI, HANSRAJ	
STREET ADDRESS	345 LINCOLN RD	
CITY-ST-ZIP	MIAMI BCH GL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1655 Washington Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1655 Washington Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1655 Washington Ave	
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Signature of Komal Bhojwani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (15/00)