

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90135 005 ***150.00

DOCUMENT # F98000004170

1. Entity Name

MANHATTAN TRADE INTERNATIONAL INC.

Principal Place of Business

Mailing Address

1920 EAST HALLANDALE BLVD.
 #902
 HALLANDALE FL 33009

1920 EAST HALLANDALE BLVD.
 #902
 HALLANDALE FL 33009

U0087533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1800 SUNSET HARBOUR DR
 Suite, Apt. #, etc.
 # 808

1800 SUNSET HARBOUR DR
 Suite, Apt. #, etc.
 808

City & State
 MIAMI BEACH, FL

City & State
 MIAMI BEACH, FL

4. FEI Number 13-3304914

Applied For
 Not Applicable

Zip Country
 33139-1451 MIAMI-DADE

Zip Country
 33139-1451 MIAMI-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

MOOMAN, MANSOOR A
 1920 EAST HALLANDALE BLVD.
 #902
 HALLANDALE FL 33009

Name DAWOOD HABIB
 Street Address (P.O. Box Number is Not Acceptable)
 1800 SUNSET HARBOUR DR # 808
 City MIAMI BEACH FL Zip Code 33139-1451

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 elect to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
 NAME HABIB, DAWOOD
 STREET ADDRESS 1920 EAST HALLANDALE BLVD., STE. 902
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE CORPORATE PRESIDENT ☒ Change ☐ Addition
 NAME HABIB, DAWOOD
 STREET ADDRESS 1800 SUNSET HARBOUR DR # 808
 CITY-ST-ZIP MIAMI BEACH, FL 33139-1451

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #