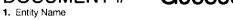
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

G06593

MANUEL DINER, P.A.





## **FILED** Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90197 031 \*\*\*150.00

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Principal Place 141, N.E. 3RD	AVENUE *	S <sub>y</sub> ,		141,1	g Address n. A. N.E. 3RD AVENUE					.v	nin'i I		
MIAMI FL 33132 MIAMI FL 33132										188 JUL 81811 BI			
2. Principal Place of Business				3. Mailing Address							811 81811 81811 <b>1</b>		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4.	4. FEI Number 59-2226536			oplied For ot Applicable	
Zip	Country			Zip C		Coun	Country		Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Add	ress of Current	t Registered Agent				7. Name and Address of New Registered Agent					
							Name						
DINER, MANUEL				and the state of t			Street Address (P.O. Box Number is Not Acceptable)						
141 NE 3RD AVE, SUITE 60 MIAMI FL 33132													
							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 prime that	ne of registered agen	t and title if app	licable. (NOTE	: Registere	d Agent signature requ	ired when r	reinstating)	DATE	<u></u>		
FILE NOW!!! PER IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Fin			<b>0</b> May Be	
						Trust Fund Contribution	n. L	Added	to Fees				
Make Check Payable to Florida Department of State  10: OFFICERS AND DIRECTORS 11.								٨٢		CERS AND	DIRECTOR	S IN 11	
TITLE	DP		ULLIGENS AIVE	DIRECTO	☐ Delete	TITLE	:	71	DDITIONS/CHANGES TO OAT	CENS AND	☐ Change	Addition	
NAME	DINER, W	IANEL			□ Delete	NAM	<b>I</b>				onango		
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CITY-ST-ZIP	ż						-ST-ZIP					Ì	
	Partify that th	e informat	on eupoliad wit	h thie filing	does not qualify for			Section	119 07(3Vi) Florida Statutes I	further cert	ify that the it	nformation	

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:**