

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G42795**

1. Entity Name

MUNAO MANAGEMENT CO., INC.

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

08-10-2000 90009 018 ***550.00

Principal Place of Business

8601 S FEDERAL HWY
PT ST LUCIE FL 34952
US

Mailing Address

8601 S FEDERAL HWY
PT ST LUCIE FL 34952
US

2. Principal Place of Business

3. Mailing Address

2400 Lakeridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, Florida

4. FEI Number

59-2788557

Applied For

Not Applicable

Zip

Country

34990

Country

USA

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

MUNAO, NATE III
8601 S FED HWY
PORT SAINT LUCIE FL 34952

Name

Nate Munao III

Street Address (P.O. Box Number is Not Acceptable)

2400 Lakeridge Dr.

City

Palm City

FL

34990

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MUNAO, NATALE III
2400 LAKE RIDGE DRIVE
PALM CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Nate Munao III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00

Date

561 336-8288

Daytime Phone #

CR2E034 (5/00)