

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48151

1. Entity Name

RIC-MAN INTERNATIONAL, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90030 033 \*\*\*158.75

Principal Place of Business

2601 NW 48TH STREET  
POMPANO BEACH FL 33073

Mailing Address

2601 NW 48TH STREET  
POMPANO BEACH FL 33073-3072

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2300398

Applied For

Not Applicable

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

MANCINI, DAVID A  
2601 W. 48TH ST.  
POMPANO BCH. FL 33073

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 \$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 D ☐ Delete  
NAME MANCINI, STEVEN M  
STREET ADDRESS 6850 NINETEEN MILE RD.  
CITY-ST-ZIP STERLING HEIGHTS MI

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

TITLE S ☐ Delete  
NAME CASTILLO, RENE L.  
STREET ADDRESS 2601 NW 48 STREET  
CITY-ST-ZIP POMPANO BCH FL

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

TITLE D ☐ Delete  
NAME MANCINI, EDWARD A.  
STREET ADDRESS 6850 NINETEEN MILE RD  
CITY-ST-ZIP STERLING HGTS MI

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

TITLE DP ☐ Delete  
NAME MANCINI, DAVID A  
STREET ADDRESS 2601 NW 48TH STREET  
CITY-ST-ZIP POMPANO BCH. FL

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

TITLE TASD ☐ Delete  
NAME JANKOWSKI, LISA M.  
STREET ADDRESS 6850 NINETEEN MILE RODAD  
CITY-ST-ZIP STERLING HEIGHTS MI

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

TITLE DVP ☐ Delete  
NAME MANCINI, DANIEL C  
STREET ADDRESS 2601 NW 48 ST  
CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

954-426-1042

CR2E034 (9/99)