

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	Mailing Address
2601 NW 48TH STREET POMPANO BEACH FL 33073	2601 NW 48TH STREET POMPANO BEACH FL 33073-3072

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2300398	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCINI, STEVEN M			NAME			
STREET ADDRESS	6850 NINETEEN MILE RD.			STREET ADDRESS			
CITY-ST-ZIP	STERLING HEIGHTS MI			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, RENE L.			NAME			
STREET ADDRESS	2601 NW 48 STREET			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCINI, EDWARD A.			NAME			
STREET ADDRESS	6850 NINETEEN MILE RD			STREET ADDRESS			
CITY-ST-ZIP	STERLING HGTS MI			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCINI, DAVID A			NAME			
STREET ADDRESS	2601 NW 48TH STREET			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH. FL			CITY-ST-ZIP			
TITLE	TASD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANKOWSKI, LISA M.			NAME			
STREET ADDRESS	6850 NINETEEN MILE RODAD			STREET ADDRESS			
CITY-ST-ZIP	STERLING HEIGHTS MI			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCINI, DANIEL C			NAME			
STREET ADDRESS	2601 NW 48 ST			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL			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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

954-426-1042

Date Daytime Phone #

CR2E034 (9/99)