
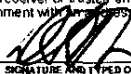


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**90098018**

<b>DOCUMENT # G48151</b>					
1. Entity Name <b>RIC-MAN INTERNATIONAL, INC.</b>					
Principal Place of Business 2601 NW 48TH STREET POMPANO BEACH, FL 33073			Mailing Address 2601 NW 48TH STREET POMPANO BEACH, FL 33073		
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 <b>59-2300398</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> 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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when assisting.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. 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	MANCINI, DANIEL C		NAME		
STREET ADDRESS	2601 NW 48TH STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33073		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 HGT, 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 33073		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		
12. 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 my address, with all other like empowered.					
SIGNATURE: 			Date: <b>4/18/03</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

CR20034 (10/02)