

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G87082

1. Entity Name

MANO, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90939 019 \*\*\*150.00

Principal Place of Business 517 WEST 49 STREET 6455 W. 18TH AVENUE HIALEAH FL 33012 US	Mailing Address 517 WEST 49 STREET 6455 W. 18TH AVENUE HIALEAH FL 33012-6120 US
--	---

2. Principal Place of Business 517 WEST 49 STREET Suite, Apt. #, etc.	3. Mailing Address 517 WEST 49 STREET Suite, Apt. #, etc.
---	---

City & State HIALEAH, FL	City & State HIALEAH, FL	4. FEI Number 59-2355299	Applied For <input type="checkbox"/> Not Applicable
Zip 33012	Country USA	Zip 33012	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GONZALEZ, MANUEL I. 6455 W. 18TH AVENUE HIALEAH FL 33012	7. Name and Address of New Registered Agent Name MANUEL L. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 517 WEST 49 STREET City HIALEAH, FL Zip Code 33012
---	--

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 *Manuel L. Gonzalez* DATE 4-26-00  
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. ☒ **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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, MANUEL I. 6455 W. 18TH AVE HIALEAH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, ELENA 6455 W. 18TH AVE HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, MANUEL L. 6455 W. 18TH AVE HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MANUEL L. GONZALEZ 517 WEST 49 STREET HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, GUILLERMO 6455 W. 18TH AVE. HIALEAH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD/TD GUILLERMO GONZALEZ 517 WEST 49 STREET HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Manuel L. Gonzalez* MANUEL GONZALEZ 4-26-00 (305)557-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)