2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J82443 DOCUMENT

1. Entity Name

NAME

STREET ADDRESS

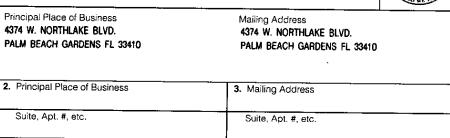
CITY-ST-ZIP

MANSING SUBS, INC.



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90116 049 ***150.00

FILED



PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL 33410			 			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2	4. FEI Number 59-2829797 Applied For Not Applied For			
Zip	Country	Zip	Country	5. Certificate of Status	Desired	\$8.75 A	dditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address	of New Registered	•		
LEE, TSU	JN YAN	್ ಅಯ್ಯ ಸಾಹೋಗಾಗಿ ಅಭ್ಯಮ್ಮ ಬ್ರಾಪ್ತಿ	Name		, 4 / -4		on the second	
4374 W	NORTHLAKE BLVD	•	Street Address (P.C		ceptable)	•	•	
PALM BE	ACH GARDENS FL 33410-3254				<u> </u>			
<u> </u>			City		F			
the obliga	e named entity submits this statement fations of registered agent.	or the purpose of changing it	ts registered office or re	gistered agent, or both, in the S	ate of Florida. I am	familiar with	, and accept	
SIGNATURE	-	•						
- No. 10	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature r	equired when reinstating)	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Cam Trust Fund Co	ontribution. [∐ Adde	00 May Be d to Fees	
TITLE '	OFFICERS AND		11.	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	IS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	LEE, TSUN YAN	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	

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 an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE!



Daytime Phone #

Addition