2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90040 035 ***150.00

DOCUMENT # K40596

1. Entity Name
ROBERT A. MANELA, C.P.A., P.A.

Principal Place of Business	Mailing Address
2401 NW BOCA RATON BLVD # 100 BOCA RATON FL 33432 US	2401 NW BOCA RATON BLVD # 100 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
700 WEST HILLSBORO BLVD		700 WEST HILLSBORO BLVD	
Suite, Apt. #, etc. BUILDING 2, SUITE 204		Suite, Apt. #, etc. BUILDING 2, SUITE 204	
City & State DEERFIELD BEACH FL		City & State DEERFIELD BEACH FL	
Zip 33441	Country BROWARD	Zip 33441	Country BROWARD

4. FEI Number 65-0081193 ☐ 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
MANELA, ROBERT A. 2401 NW BOCA RATON BLVD SUITE 100 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) 700 WEST HILLSBORO BOULEVARD BUILDING 2 SUITE 204 City DEERFIELD BEACH FL Zip Code 33441

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, 2002 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	DPS MANELA, ROBERT A. ~~8174 NW 78TH COURT~~ ~~PARKLAND FL 33067~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6393 NW 56TH DRIVE CORAL SPRINGS FL 33067	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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

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 REQUIRED [signature] 1/11/01 954-360-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)