	ONIFORM BU	SINESS REPU	ni (UDN)	<u> </u>
DOCU 1. Entity Nam	MENT # k94131	odos		FILED Mar 13, 2003 8:00 A
	MANA IMPORT & EXF	PORT INC.	• •	Secretary of State
Principal Plac	e of Business	Mailing Address		
	6209 WEST CO	MMERCIAL BOUL	EVARD	
•	SUITE 7 TAMARAC, FL	33319		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	e	City & State		4. FEI Number Applied For 65-0118402 Not Applicable
Zip	Country	Zip -	Country	5. Certificate of Status Desired See Required
o .	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
LUIS A. ESCOBAR 6209 WEST COMMERCIAL BOULEVARD			Name Street Addr	ress (P.O. Box Number is Not Acceptable)
SU	JITE 7 AMARAC, FI 83319	,		
			City	FL Zip Code
8. The above	named entity submits this statement		registered office or re	gistered agent, or both, in the State of Florida. 3/10/03 equired 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, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AN	ID DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, FERNAN 6209 WEST COMME TAMARAC, FL 333	RCIAL BLVD 7	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		Defete .	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied will on this report or supplier ental report operation or the receiver of trustee enter or on an attachment with an address	rith this filling does not qualify to t is true and accurate and that rapowered to execute this report s, with all other like empowered.	as required by Chapte	In Section 119.07(3)(i), Florida Statutes. I further certify that the information is the same legal effect as if made under oath; that I am an officer or director er 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE: FEMALULI FEMALULI FEMALULI (SUR OBJECTOR)				

CBS FINANCIAL, CPA, PA CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

March 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re:

Mana Import & Export, Inc.

Form:

2002 and 2003 Uniform Business Report

Document #:

K94131

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently.

During our initial interview with the taxpayer it was discovered that they had not received the Florida's 2002 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed the properly completed 2002 and 2003 Uniform Business Reports and taxpayer's check payable to the Florida Department of State in the amount of \$300.00.

Please abate any late filing fees or other penalties. The taxpayer did not intend to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely.

Luis A. Escobar, Ir., CPA

Encl.: 2002 and 2003 Uniform Business Reports

Cc.: Mana Import & Export, Inc.