

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90190 037 ****50.00

DOCUMENT # L01000008888

1. Entity Name
MANCI, LLC

Principal Place of Business

102 PARK PLACE BLVD.
 BUILDING D. SUITE 2
 KISSIMMEE FL 34741

Mailing Address

102 PARK PLACE BLVD.
 BUILDING D. SUITE 2
 KISSIMMEE FL 34741

2. Principal Place of Business

4901 Vineland Rd

Suite, Apt. #, etc.

Ste 270

City & State

Orlando, FL

Zip

32811

Country

US

3. Mailing Address

4901 Vineland Rd

Suite, Apt. #, etc.

Ste 270

City & State

Orlando, FL

Zip

32811

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2322697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SENIOR, MIGUEL
 102 PARK PLACE BLVD.
 BUILDING D, SUITE 2
 KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Senior, Miguel

Street Address (P.O. Box Number is Not Acceptable)

4901 Vineland Rd

Ste 270

City

Orlando,

FL

Zip Code

32811

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **MANCI S.R.L.**
 STREET ADDRESS **AV. PASCO CABRIOPES TORRE**
 CITY-ST-ZIP **VALENCIA VENEZUELA**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

3/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

0041855