

2002 UNIFORM BUSINESS REPORT (UBR)

0007165

DOCUMENT # L01000014489

1. Entity Name

MANF CONSTRUCTION & RENOVATION LLC

FILED

02 APR 26 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 S. BISCAYNE BLVD., SUITE 400
C/O ROY BARQUET
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD., SUITE 400
C/O ROY BARQUET
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS INC.
200 SOUTH BISCAYNE BLVD.
43RD FLOOR
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

000005432220--1
-05/03/02--01012--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE Member/Manager
NAME Manuel Fernandes
STREET ADDRESS 200 S. Biscayne Blvd., Ste 400
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Member
NAME Lourdes Fernandes
STREET ADDRESS 200 S. Biscayne Blvd., Ste 400
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Loures M. de Fernandes
LOURDES M. DE FERNANDES

04-12-02 011-58
295-2621384

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

Date

Signature (Type or Print)

CR2E083 (9/01)