

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15380

1. Entity Name
MANCHOLA CORPORATION

Principal Place of Business

8285 NW 64 STREET #3
MIAMI FL 33166

Mailing Address

8285 NW 64 STREET #3
MIAMI FL 33166

2. Principal Place of Business

7255 NW 44 STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip
33166

Country

DADE

City & State

Zip

Country

4. FEI Number

59-2529206

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANCHOLA, FRANCISCO A.
8830 SW 20ST STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

7255 NW 44 STREET

City MIAMI

FL

Zip Code

33166

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANCHOLA, FRANCISCO A.
8830 SW 20ST STREET
MIAMI FL



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MANCHOLA, LUZ A.
8830 SW 20ST STREET
MIAMI FL



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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NAME
STREET ADDRESS
CITY-ST-ZIP



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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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: *Francisco A. Manchola*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/02 (305) 592-3662

Date

Daytime Phone #

0261785 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE