## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

MANES & SAPERSTEIN, P.A.

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## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90180 014 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  MANES, MICHAEL B. 633 S FEDERAL HWY, STE 300-A  FT LAUDERDALE FL 33301  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. I am familiar with, at the obligations of registered agent.  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	olied For Applicable tional
Suite, Apt. #. etc.    CHECK HERE IF MAKING CHANGES   Apt. #. etc.   CHECK HERE IF MAKING CHANGES   Apt. #. etc.   City & State   City & State   City & State   Apt. #. etc.   Country   S. Certificate of Status Desired   S6.75 Add Foe Requirement	olied For Applicable tional
City & State  Country  Country  Country  Country  5. Certificate of Status Desired	Applicable tional
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Add Foo Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  6. 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. I am familiar with a the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  MANE  MANES, MICHAEL B.  633 S FED HWY STE 300A  FT LAUDERDALE FL 33301  TILE  PD  MANES, MICHAEL B.  633 S FED HWY STE 300A  FT LAUDERDALE FL 33301  TILE  VSD  Delete  TITLE  VSD  Country  5. Certificate of Status Desired Agent  7. Name and Address of New Registered Agent  For Required  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  First Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  First Address (P.O. Box Number is Not Acceptable)  Title  Note:  Address (P.O. Box Number is Not Acceptable)  Title  Note:  Address (P.O. Box Number is Not Acceptable)  Title  Address (P.O. Box Number is Not Acceptab	Applicable tional
Country  Country  Country  Country  Country  5. Certificate of Status Desired   \$8.75 Add Fee Required Fee Required Fee Required Fee Required Fee Required Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Tube  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  Title  MAME  MANES, MICHAEL B.  STREET ADDRESS  CITY-ST-ZIP  TITLE  WSD  Delete  MANES, MICHAEL B.  STREET ADDRESS  CITY-ST-ZIP  TITLE  VSD  Country  5. Certificate of Status Desired   \$8.75 Add Fee Required For Required For Name and Address of New Registered Agent For Required For Name and Address of New Registered Agent For Required For Required For Required For Name For Required For Required For Name For Required For Required For Required For Required For Required For Name For Required Fo	tional
MANES, MICHAEL B. 633 S FEDERAL HWY, STE 300-A FT LAUDERDALE FL 33301  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. I am familiar with, or both additions of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstains)   DATE	
MANES, MICHAEL B. 633 S FEDERAL HWY, STE 300-A FT LAUDERDALE FL 33301  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. I am familiar with, at the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE NAME MANES, MICHAEL B. 633 S FED HWY STE 300A FT LAUDERDALE FL 33301  TILE VSD  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  Added  STREET ADDRESS CITY-ST-ZIP  FT LAUDERDALE FL 33301  CITY-ST-ZIP  TITLE VSD  City FL  Street Address (P.O. Box Number is Not Acceptable)  TILE  Street Address (P.O. Box Number is Not Acceptable)  TILE  Street Address (P.O. Box Number is Not Acceptable)	
Example 1. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  MANES, MICHAEL B.  STREET ADDRESS  CITY-ST-ZIP  FT LAUDERDALE FL 33301  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  FL  ADDITIONS, in the State of Florida. I am familiar with, or both, in the State of Florida Department of State  FL  Signature, typed or printed name	
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. I am familiar with, at the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    Part	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE VSD  P. Election Campaign Financing Trust Fund Contribution.  \$5.00 Added  \$5.00 Added  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITTLE Change  \$5.00 Added  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITTLE Change  Change	nd accept
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10. OFFICERS AND DIRECTORS  TITLE PD Delete TITLE NAME MANES, MICHAEL B. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301  TITLE VSD Delete TITLE ADDRESS CITY-ST-ZIP  TITLE DELETED TO THE TITLE ADDRESS CITY-ST-ZIP  TITLE DELETED TO THE ADDRESS CITY-ST-ZIP	May Be to Fees
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	Addition
STREET ADDRESS 633 S FED HWY STE 300A CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  12.   December 2015   Delete   Delet	☐ Addition

I nereby 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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the requirer of with an address, with all other like empowered.

SIGNATURE:

LAUSE REQIMICATAL B. MANES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR