

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003937

1. Entity Name

MANA PROJECT, INC.

Principal Place of Business

Mailing Address

518 ELIZABETH ST
KEY WEST FL 33040

518 ELIZABETH ST
KEY WEST FL 33040

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

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAVLOV, MARINA
7480 FAIRWAY DR, #208
MIAMI LAKES FL 33014

Name
NANCY FORRESTER
Street Address (P.O. Box Number is Not Acceptable)
518 ELIZABETH ST.
KEY WEST, FL
City
FL Zip Code
33040

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

Nancy Forrester

NANCY FORRESTER Pres. 4-18-2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, DOROTHY A 121 HUGHES RD GRANDEVILLE NY 12871	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, NANCY 518 ELIZABETH ST KEY WEST FL-33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLOV, MARINA 7480 FAIRWAY DR, #208 MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Forrester **NANCY FORRESTER 4-18-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-294-9631

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-03-2002 90023 024 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

attachment # 35341

N00000003937

By phone 3/29/2000

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-0993939**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

Mana, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

518 Elizabeth St.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Key West, FL 33040

5b City, state, and ZIP code

6 County and state where principal business is located

Monroe County

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►

Nancy Forrester, president/CEO

8a Type of entity (Check only one box.) (See instructions.)

☐ Estate (SSN of decedent)

☐ Sole proprietor (SSN)

☐ Plan administrator-SSN

☐ Partnership

☐ Personal service corp.

☐ Other corporation (specify) ►

☐ REMIC

☐ Limited liability co.

☐ Trust

☐ Farmers' cooperative

☐ State/local government

☐ National Guard

☐ Federal Government/military

☐ Church or church-controlled organization

☒ Other nonprofit organization (specify) ► **education, conservation** (enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ►

non-profit organization

☐ Banking purpose (specify) ►

☐ Changed type of organization (specify) ►

☐ Hired employees

☐ Purchased going business

☐ Created a pension plan (specify type) ►

☐ Created a trust (specify) ►

☐ Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.)

March 28, 2000

11 Closing month of accounting year (See instructions.)

September

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

n/a

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural

Agricultural

Household

4

14 Principal activity (See instructions.) ► **Rain forest garden open to public, educ + cult. events, historic residence for artists, naturalists + others**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►

☐ Yes

☒ No

16 To whom are most of the products or services sold?—Please check the appropriate box.

☒ Public (retail)

☐ Other (specify) ►

☐ Business* (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☐ Yes

☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 294-0015

Fax telephone number (include area code)

(305) 294-0015 (call first)

Name and title (Please type or print clearly.) ► **NANCY FORRESTER**

Signature ► **Nancy Forrester**

Date ► **March 28, 2000**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying