

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90196 044 ****70.00

DOCUMENT # N01000003824

1. Entity Name

MANO A MANO INC.

Principal Place of Business

Mailing Address

1310 N. MAIN STREET STE 101
KISSIMMEE FL 34744

1310 N. MAIN STREET STE 101
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1310 N MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 SUITE

KISSIMMEE FL

City & State

4. FEI Number

Applied For
Not Applicable

Zip Country Zip Country

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

SEALS, RONALD C
1026 WHISPERING CYPRESS LANE
ORLANDO FL 32824

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 \$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 D ☐ Delete
NAME ROTH, ANGELA
STREET ADDRESS 1310 N. MAIN STREET STE 101
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE D ☐ Delete
NAME HIDALGO, LEONARDO
STREET ADDRESS 815 BAY STRET
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE D ☐ Delete
NAME RAMOS, ANGEL
STREET ADDRESS 485 BELVEDERE
CITY-ST-ZIP BEAUMONT TX 77706

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA ROTH 7/5/02 5187900

Date

Daytime Phone #

CR2E037 (9/01)