

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000006582**

1. Entity Name **MANSO FOUNDATION, INC.**

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90022 001 ****62.50

05-24-2000 90022 002 ****8.75

Principal Place of Business Mailing Address
18459 PINES BLVD., SUITE 172 18459 PINES BLVD., SUITE 172
PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33029 US

2. Principal Place of Business 3. Mailing Address
18459 PINES BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 172
City & State City & State
PEMBROKE PINES, FL
Zip Country Zip Country
33029 US

4. FEI Number **65-0961280**
Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, JULIO
18459 PINES BLVD, SUITE 172
PEMBROKE PINES, FL 33029 US

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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
PD	JORRES, JULIO	18459 PEMBROKE PINES BLVD, SUITE 172	PEMBROKE PINES, FL 33029
VD	MANSO RUBINO FUMERO	18459 PINES BLVD, SUITE 172	PEMBROKE PINES, FL 33029
TD	SOLA, EVONE	18459 PINES BLVD, SUITE 172	PEMBROKE PINES, FL 33029
SD	JANNON, JOSE	18459 PINES BLVD, SUITE 172	PEMBROKE PINES, FL 33029
D	JOSE MENENDEZ	18459 PINES BLVD, SUITE 172	PEMBROKE PINES, FL 33029
D	DAVIS, WILLIAM C. III	18459 PINES BLVD, SUITE 172	PEMBROKE PINES, FL 33029

TITLE	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 to an address, with all other like empowered.

SIGNATURE: **JULIO TORRES** 5/15/00 (301) 378-9045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E037 (9/99)