

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

182

DOCUMENT # *N99000006582*

1. Entity Name

MANSO FOUNDATION, INC



DEC 26 AM 12:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10681 SW 156 PL

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE # 416

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

650961280

Applied For

Not Applicable

Zip

33196

Country

DADE

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *ROQUE H. VELAZQUEZ*

Street Address (P.O. Box Number is for Agent's Use) *20 ALHAMBRA CIRCLE*

VILLA ST

City *CORAL GABLES*

FL

Zip Code *33134*

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IN THIS SPACE

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, and accept the obligations of, registered agent.

SIGNATURE

ROQUE H. VELAZQUEZ - ACCOUNTANT *ROQUE H. VELAZQUEZ* *11/13/03*

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE *PD*
NAME *TORRES JULIO*
STREET ADDRESS *10681 SW 156 PL #416 MIA FL 33196*
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
700024799327
11/18/03-01045-009 #122.50

TITLE *TD*
NAME *SOLA IVONG*
STREET ADDRESS *10681 SW 156 PL #416 MIA FL 33196*
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE *SD*
NAME *JANUION, JOSE*
STREET ADDRESS *10681 SW 156 PL #416 MIA FL 33196*
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE *VD*
NAME *DAVIS WILLIAMS @ III*
STREET ADDRESS *10681 SW 156 PL #416 MIA FL 33196*
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE *MD*
NAME *ROQUE H. VELAZQUEZ @ C,*
STREET ADDRESS *20 ALHAMBRA CIRCLE VILLA ST 33134*
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MR. JULIO TORRES
PRESIDENT

11/13/03

Date

Daytime Phone #

CR2E037B (12/02)

ACCOUNTING OFFICE
ROQUE H. VELAZQUEZ

232

December 18, 2003

Florida Department of State.
Division of Corporations
c/o Sean Toner
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Manso Foundation, Inc.
Ref: # N99000006582

Dear Administrator

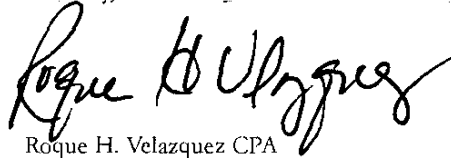
I like to take this opportunity to introduce my self, my name is Roque H. Velazquez Accountant and Managing Director for the Manso Foundation.

According to the officers and directors, the 2002 Uniform Business Report was never received. That is why I ask for a one time only opportunity to reinstate this Corporation with no penalty or reinstatement fee.

Again I thank you in advance for your cooperation with this matter and I look forward to a favorable response.

Should you have any questions please do not hesitate to call.

Sincerely,


Roque H. Velazquez CPA