2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90069 029 ***150.00

DOCUMENT # P00000004624

1. Entity Name
MANATEE CONSULTING, INC.

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE. SUITE 100 MIAMI FL 33126	5201 BLUE LAGOON DRIVE. SUITE 100 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
722 Robert Ave	722 Robert Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, FL 33972	City & State: Lehigh Acres
Zip: 33972 — Country: Lee	Zip: 33972 — Country: Lee

4. FEI Number 65-0982200 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REUS, ALEXANDER ESQ.
% BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: Joachim Kantenwein
Street Address (P.O. Box Number is Not Acceptable): 722 Robert Ave
City: Lehigh Acres FL Zip Code: 33972

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 Joachim Kantenwein [signature] 03/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANTENWEIN, JOACHIM C/O 5201 BLUE LAGOON DR STE 100 MIAMI FL 33126	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kantenwein, Joachim 722 Robert Ave Lehigh Acres FL 33972	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Kantenwein 03/11/02 941-369-7265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #