

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90094 047 \*\*\*150.00

**DOCUMENT # P00000033808**

1. Entity Name  
**MANDEN INDUSTRIES, INC.**

Principal Place of Business

~~336 SOUTH STATE ROAD 7~~  
~~MARGATE FL 33068~~

Mailing Address

~~336 SOUTH STATE ROAD 7~~  
~~MARGATE FL 33068~~

2. Principal Place of Business

**756 N.W. 27<sup>th</sup> Ave**

Suite, Apt. #, etc.

3. Mailing Address

**756 NW 27<sup>th</sup> Ave**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

Zip  
**33311**

Country

**Broward**

City & State

**Fort Lauderdale, FL**

Zip  
**33311**

Country

**Broward**

4. FEI Number

**65-0995411**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIZEA, EMANOEL**

~~336 SOUTH STATE ROAD 7~~  
~~MARGATE FL 33068~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**756 NW 27<sup>th</sup> Ave**

City

**Fort Lauderdale**

**FL**

Zip Code

**33311**

7. Name and Address of New Registered Agent

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

*Emanuel Rizea*

**01/15/01**

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, 2001 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 **D** ☐ Delete  
NAME **RIZEA, EMANOEL**  
STREET ADDRESS **336 SOUTH STATE ROAD 7**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **D** ☐ Delete  
NAME **RIZEA, DENISE**  
STREET ADDRESS **336 SOUTH STATE ROAD 7**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **756 NW 27<sup>th</sup> Ave**  
CITY-ST-ZIP **Fort Lauderdale FL 33311**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **756 NW 27<sup>th</sup> Ave**  
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

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

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

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:

*Emanuel Rizea*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/15/01**

Date

**954-792-0357**

Daytime Phone #

CR2E034 (10/00)