

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90221 005 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000057943

1. Entity Name
MANKIN GALLERY, INC.



Principal Place of Business
**9124 HARDING AVE
 SURFSIDE, FL 33154**

Mailing Address
**9124 HARDING AVE
 SURFSIDE, FL 33154**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc. **SAME AS**

3. Mailing Address
 Suite, Apt. #, etc. **AS ABOVE**

City & State
AS ABOVE

Zip Country

4. FEI Number **65-1017816** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MANKIN, MICHAEL L
 9124 HARDING AVE
 SURFSIDE, FL 33164**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW WITH FEES \$150.00
 Power of Attorney Fee \$200.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D MANKIN, MICHAEL L 9124 HARDING AVE SURFSIDE, FL 33154		
	D MANKIN, ILEANA 9124 HARDING AVE SURFSIDE, FL 33154		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Reg. Agent, V. P. 2/10/03 305 8619743

CPRE034 (10/02)