

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90174 031 ***150.00

DOCUMENT # P00000060695

1. Entity Name

MANRESU INC.

Principal Place of Business

**13106 S.W. 2ND TERRACE
 MIAMI FL 33184**

Mailing Address

**13106 S.W. 2ND TERRACE
 MIAMI FL 33184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1089669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, MANUEL R

13106 S.W. 2ND TERRACE

MIAMI FL 33184

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SUAREZ, MANUEL R**
 STREET ADDRESS **13106 S.W. 2ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachments

MANRESU INC.
13106 SW 2 TERRACE
MIAMI , FL. 33184

=====

July 18, 2001

Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 6327
Tallahassee, FL 32314

Ref.: Manresu, Inc.
Doc. # P00000030695

675419

Dear Sir (Madam):

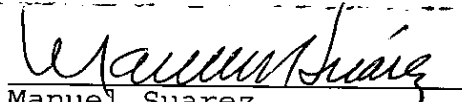
The purpose of this letter is to respectfully request
an abatement of the penalty for late filing of my annual report.

This is the first time that I have a corporation and was under the
impression that the annual report was a one time fee. I found out
that I needed to file it only recently when I spoke to an
accountant after I received your second request.. Now that I know
the requirements, this will not happen again.

Enclosed is my check for \$150.00 which I hope that you will accept
this as final payment.

Please accept my apologies for any inconvenience this may have
caused.

Sincerely,


Manuel Suarez
President