

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State
 09-09-2002 90009 037 ***550.00

DOCUMENT # P00000067239

1. Entity Name
MAN-PAN SERVICES, INC.

Principal Place of Business

**4507 ALAQUA CT
 KISSIMMEE FL 34746**

Mailing Address

**4507 ALAQUA CT
 KISSIMMEE FL 34746**

2. Principal Place of Business

4636 W. IRLO BRAXSON HWY.

3. Mailing Address

4636 W. IRLO BRAXSON HWY.

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

SUITE K

City & State

KISSIMMEE, FL.

City & State

KISSIMMEE, FL.

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

4. FEI Number

59-3664280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NAVARRO MINARRO, PEDRO ANDRES
 4507 ALAQUA CT
 KISSIMMEE FL 34746**

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

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

TITLE **PVD** ☐ Delete
 NAME **NAVARRO MINARRO, PEDRO ANDRES**
 STREET ADDRESS **4507 ALAQUA CT**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **TSD** ☐ Delete
 NAME **MORA, MARIA**
 STREET ADDRESS **4507 ALAQUA CT**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PEDRO ANDRES MINARRO **9/5/02** **407-361-2381**

CR2E034 (4/02)