

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90163 029 \*\*\*150.00

**DOCUMENT # P00000067239**

1. Entity Name  
**MAN-PAN SERVICES, INC.**



Principal Place of Business  
**4636 W IRLO BRONSON WAY  
SUITE K  
KISSIMMEE FL 34746**

Mailing Address  
**4636 W IRLO BRONSON WAY  
SUITE K  
KISSIMMEE FL 34746**

2. Principal Place of Business

**3501 West Vine Street**

3. Mailing Address

**3501 West Vine Street**

Suite, Apt. #, etc.

**Suite 353**

Suite, Apt. #, etc.

**Suite 353**

City & State

**Kissimmee FL.**

City & State

**Kissimmee FL.**

Zip

**34741**

Country

**Usceol2**

Zip

**34741**

Country

**Usceol2**

4. FEI Number

**59-3664280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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

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

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

12. 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 10 or Block 11 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

**PEDRO ANDRES NAVARRO**

**4/19/03**

**407-361 2381**

Date Daytime Phone #

CR2E034 (10/02)