

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90062 009 \*\*\*158.75

**DOCUMENT # P00000077963**

1. Entity Name  
**MANIA & SOMETHING ELSE CORP.**



Principal Place of Business  
**475 NW 165TH AVENUE  
PEMBROKE PINES FL 33028**

Mailing Address  
**475 NW 165TH AVENUE  
PEMBROKE PINES FL 33028**

**60008392**



2. Principal Place of Business

3. Mailing Address

**5168 LAKEWOOD Dr.**

**5168 LAKEWOOD Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**COOPER CITY, FL**

**COOPER CITY, FL**

Zip

Country

Zip

Country

**33330**

**BROWARD**

**33330**

**BROWARD**

4. FEI Number

**65-1036952**

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

**GONZALEZ, JOSE A.  
475 NW 165TH AVENUE  
PEMBROKE PINES FL 33028**

Name

**GONZALEZ, JOSE A.**

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

**5168 LAKEWOOD Dr.**

City

**Cooper City**

FL

Zip Code

**33330**

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

**1/15/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
GONZALEZ, JOSE A  
475 NW 165TH AVENUE  
PEMBROKE PINES FL 33028**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
GONZALEZ, JOSE A.  
5168 LAKEWOOD Dr.  
Cooper City, FL 33330**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
RICCOBONO, AURORA  
475 NW 165TH AVENUE  
PEMBROKE PINES FL 33028**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
Riccobono, AURORA  
5168 LAKEWOOD Dr.  
Cooper City, FL 33330**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS  
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☐ Change

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/03 (954) 260-0989**

CR2E034 (10/02)