2002 UNIFORM BUSINESS REPORT (UBR)

Jul 22, 2002 8:00 am Secretary of State P01000051079 DOCUMENT # 1. Entity Name 07-22-2002 90163 045 ***158.75 MANABA ENTERPRISES, INC. Principal Place of Business Mailing Address 116 LAKE EMERALD DRIVE STE 301 116 LAKE EMERALD DRIVE STE 301 OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 2. Principal Place of Business 3. Mailing Address 105 LAKE EMERALD DR. 105 LAKE EMERALD DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE apt 514 apt 514 City & State City & State 4. FE! Number Applied For PARK *58-225785*8 OAKLAND OAKLAN PARK Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33309 33309 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIDLOFF, ETTIENNE DIDLOFF, ETTIENNE P Street Address (P.O. Box Number is Not Acceptable) 116 LAKE EMERALD DRIVE STE 301 LAKE EMERALT OAKLAND PARK FL 33309 APT 514 City OAKLAND PARK 8. The above named er is 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 ity subm the obligations of reg SIGNATURE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIDLOFF, ETTIENNE P DIDLOFF, ETTIENNE P NAME NAME 105 LAKE EMERALD DRIVE # 514 STREET ADDRESS 116 LAKE EMERALD DRIVE STE 301 STREET ADDRESS OAKLAND PARK FL 33309 CITY-ST-ZIP CITY-ST-7/P OAKLAND PARK FL 33309 ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAMED CRITICAL TOTAL STREET NAME STREET ADDRESS - 1990 FD CHANG 210 July STREET ADDRESS

fightebut tie i fille tente watte giten mute, eines, m 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation of the corporation or the receiver or rustee empowered. changed, or on an attachment with

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2 14 2 3 3

☐ Delete

☐ Change

Addition