FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR) FIFD DOCUMENT #- 4010000 53 6 02 NOV 22 PM 1: 13 MENORAH MAN ENTER SECRETALL OF STATE TALLAHABS 🕾 FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Lity & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO-NOT-WRITE IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE **800009376258** 12/05/02--01041--019 **158.75 TITLE CR2E034B (12/01) NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE TITLE NAME ano. STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attn:

J. Shivers Fla. Dept. of Corporations P.O. Box 1500 Tallahassee, FL

Nov. 15,202

R.E. Menorah Man Enterprises, Inc.

Dear Mr. Shivers:

Thank you for sending me the paperwork for me to renew my corporation. I know you must talk to a lot of people so I will take a moment to refresh our conversation. When I called and we spoke I explained that I never received a renewal notice to send in. Our address in 980 SW 70th Ave. In the same subdivision there is an address 980 Renmar Drive. We periodically have problems getting our mail when a new post office person takes this route because they put the 980's together and when this happens we sometimes get mail for the other address and vice versa. It happens a few times a year. We have called the post office and they said they try to let the new carriers know.

I am a conscientious person. Now that I know the renewal date I will make sure that it is on my calendar and that if for any reason I do not receive it I will call your office.

Thank you for your assistance in this matter. I have enclosed the \$158.75 for the renewal and a certified copy. Again, thanks for you help.

Sincerely, Land Munk Carol L. Mark