2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

D04000400000



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90487 003 ***150.00

DOCOMENT#	PU 1000 102020	13/4
I. Entity Name		MAN
AMERICA MANAGEMENT	GROUP, INC.	
		100
		OF WE

Principal Place of Business 5738 S SEMORAN BLVD BLDG D ORLANDO FL 32822

Mailing Address

5738 S SEMORAN BLVD BLDG D ORLANDO FL 32822

2. Principal Place of Business 3. Mailing Address S. Semoron Bl.d. 449 5449 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 59-3753140 Orlando Orlando Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 32822 u S AFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHOW, CHING Street Address (P.O. Box Number is Not Acceptable) 5738 S SEMORAN BLVD BLDG D ORLANDO FL 32822 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE **BELL, TAMARA** NAME NAME 3016 SARATOGA DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-7IP Change Addition PC TITLE ☐ Delete TITLE HUANG, CHENG-HAO NAME NAME STREET ADDRESS 8843 LARWIN LANE STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE VTD ☐ Delete NAME NAME Kuo. I-ku (Joey) STREET ADDRESS STREET ADDRESS 9074 LA LINDA AVE CITY-ST-ZIP CITY-ST-ZIP FOUNTAIN VALLEY CA 92708 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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