


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 024 ***158.75

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DOCUMENT # P02000039966	
1. Entity Name MANHATTAN MANAGEMENT SERVICES, INC.	

Principal Place of Business 11141 HARBOR SPRING CIR. BOCA RATON FL 33428	Mailing Address 11141 HARBOR SPRING CIR. BOCA RATON FL 33428
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2. Principal Place of Business 85 SE 6TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 85 SE 6TH AVENUE Suite, Apt. #, etc.
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City & State DELRAY BEACH, FLORIDA	City & State DELRAY BEACH, FLORIDA
Zip 33483	Country USA

4. FEI Number 02-0575107	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GREENE, ELLIOT 3405 NW 9TH AVE., #1201 FT. LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ELLIS, ANTHONY L STREET ADDRESS 11141 HARBOR SPRING CIR. CITY-ST-ZIP BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME ELLIS, ANTHONY L. STREET ADDRESS 85 SE 6TH AVENUE CITY-ST-ZIP DELRAY BEACH, FLORIDA 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **DATE** 7-28-03 **DAYTIME PHONE #** 561-278-1951

CR2E034 (4/03)

Attachment #

MANHATTAN MANAGEMENT SERVICES

80134727
PO2000039966



11141 Harbour Springs
Boca Raton, Florida 33428
561 470 9398

DEAR SIR/MADAM
I WAS NOT AWARE THAT THIS HAD
BECOME DUE AS I DID NOT RECEIVE THE
NOTICE, I HOPE THAT YOU WILL WAIVE THE
LATE PAYMENT NOTICE. I HAVE ENCLOSED
THE FEE OF \$150. + \$8.75.

YOURS SINCERELY

AL CH. (PRESIDENT)

7.26.03