

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90166 024 ***150.00

DOCUMENT # P02000108839



1. Entity Name
MANE STREET USA, INC.

Principal Place of Business
**17257 GULF PINE CIRCLE
WEST PALM BEACH FL 33414**

Mailing Address
**17257 GULF PINE CIRCLE
WEST PALM BEACH FL 33414**



2. Principal Place of Business
3500 Fairlane Farms Rd

3. Mailing Address
13833 Wellington Trace

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite E4-210

City & State
Wellington, Florida

City & State
Wellington, Florida

Zip
33414

Country
USA

Zip
33414

Country
USA

4. FEI Number
16-1632583

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

**TEXEL, PUTNAM
17257 GULF PINE CIRCLE
WEST PALM BEACH FL 33414**

Name

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

City

FL

Zip Code

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

Putnam P. Texel Putnam P. Texel

2.02.2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☐ Delete
NAME **TEXEL, PUTNAM P**
STREET ADDRESS **17257 GULF PINE CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Putnam P. Texel Putnam P. Texel

2.02.2003 **296.3091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)