

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 029 ***150.00

DOCUMENT # *P02000129392*

1. Entity Name

Mancho's Details Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9490 SW 72 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip *33173*

Country

3. Mailing Address

9490 SW 72 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip *33173*

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2071029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Astrid Henao*

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

9490 SW 72 Street

City *Miami*

FL

Zip Code *33173*

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

[Signature]

2/6/03

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *President*
NAME *German E. Gorman*
STREET ADDRESS *1043 SW 142 Place*
CITY - ST - ZIP *Miami, FL 33182*

TITLE *Vicepresident*
NAME *Astrid Henao*
STREET ADDRESS *1043 SW 142 Place*
CITY - ST - ZIP *Miami, FL 33182*

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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

Daytime Phone #

CR2E034B (12/01)