


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

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

03-28-2003 90087 017 ***150.00

DOCUMENT # P02000134670	
1. Entity Name MANZANARES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18407 W. DIXIE HIGHWAY	3. Mailing Address 18407 W. DIXIE HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL	4. FEI Number 30-0159346	Applied For Not Applicable
Zip 33160	Country USA	Zip 33160	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DAGER FELIPE	
Street Address (P.O. Box Number is Not Acceptable)	
2101 ATLANTIC SHORES BLVD APT. 305	
City HALLANDALE	FL Zip Code 33009

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 re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PRESIDENT	TITLE PRESIDENT
NAME MOORI, DELVIS	NAME MOORI, DELVIS
STREET ADDRESS 18407 W. DIXIE HIGHWAY	STREET ADDRESS 18407 W. DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP NORTH MIAMI BEACH FL 33160
TITLE VICE PRESIDENT	TITLE VICE PRESIDENT
NAME HIDALGO LIDIA	NAME HIDALGO LIDIA
STREET ADDRESS 18407 W. DIXIE HIGHWAY	STREET ADDRESS 18407 W. DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP NORTH MIAMI BEACH FL 33160
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03
Date

Daytime Phone #

CR2E034B (12/02)