

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90079 015 ***150.00

DOCUMENT # P34626

1. Entity Name

MANUTECH ASSEMBLE, INC.

Principal Place of Business

Mailing Address

**8181 NW 91ST TERRACE
 BLDG. 10
 MIAMI FL 33166**

**8181 NW 91ST TERRACE
 BLDG. 10
 MIAMI FL 33166-2135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0072810

Applied For

Not Applicable

- Zip - - -

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEYFI SAMAD
 8181 N.W. 91 TERR., BLDG. 10
 MIAMI FL 33166**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KHOZOUEE, FARHAD	#2 RUE DES NIMES	PORT-AU-PRINCE, HAITI	<input type="checkbox"/>
VCD	DURBAN, NADIA Y.	#16 IMP AUBRY	PETIONVILLE, HAITI	<input type="checkbox"/>
PT	DURBAN, NADIA Y.	#16 IMP AUBRY	PETIONVILLE, HAITI	<input type="checkbox"/>
VD	SEYFI, SAMAD	8181 NW 91ST TERRACE	MIAMI FL	<input type="checkbox"/>
CDS	DURBAN, LANCE P.	#16 IMP AUBRY	PETIONVILLE, HAITI	<input type="checkbox"/>
VD	COLON JEAN-EDOUARD	#2 RUE DES NIMES	PORT-AU-PRINCE, HAITI	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

305 888-2800

Daytime Phone #

CR2E034 1/9/99