

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90122 026 \*\*\*150.00

0206297  
 AV

**DOCUMENT # P34626**

1. Entity Name  
**MANUTECH ASSEMBLE, INC.**

Principal Place of Business      Mailing Address  
**8181 NW 91ST TERRACE**      **8181 NW 91ST TERRACE**  
**BLDG. 10**      **BLDG. 10**  
**MIAMI FL 33166**      **MIAMI FL 33166**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **98-0072810**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.       **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After May 1, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENT, PETER</b>	
STREET ADDRESS	<b>50 BARLOW STREET</b>	
CITY-ST-ZIP	<b>CANAAN, CT 06018</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRADER, JERRY</b>	
STREET ADDRESS	<b>8 SPRING MARSH LANE</b>	
CITY-ST-ZIP	<b>SAVANNAH, GA 31411</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURBAN, NADIA Y</b>	
STREET ADDRESS	<b>LABOULE 16 #2</b>	
CITY-ST-ZIP	<b>PETIONVILLE, HAITI</b>	
TITLE	<b>VDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEYFI, SAMAD</b>	
STREET ADDRESS	<b>8181 NW 91ST TERRACE, #10</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DURBAN, LANCE P.</b>	
STREET ADDRESS	<b>(SAME)</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*      **4/29/02**      **305 888-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)