## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 24, 2002 8:00 am Secretary of State P94000004747 DOCUMENT # 1. Entity Name MANN INVESTMENTS AND ENTERPRISES. INC. 04-24-2002 90301 048 \*\*\*150.00 Mailing Address Principal Place of Business 4167 PALM LANE 4167 PALM LANE MIAMI FL 33137-3346 MIAMI FL 33137-3346 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State ...City & State 59-3225994 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANIGLIA, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 4167 PALM LANE MIAMI FL.33137-3346 Zip Code FL pose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) -- -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition ☐ Delete TITLE STD TITLE MANIGLIA, VICTOR R NAME 1 LAKE HOLLINGSWORTH DR., UNIT 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Addition Change TITLE Delete TITLE NAME MANIGLIA, ANTHONY J NAME STREET ADDRESS 1 BRATENAHL PLACE, SUITE #1201 STREET ADDRESS CITY-ST-ZIP **BRATENAHL OH 44108** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 pustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED