

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015116

1. Entity Name

MANHATTAN YORK, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90790 032 ***150.00

Principal Place of Business

Mailing Address

4800 N. FEDERAL HWY.
 SUITE 307-D
 BOCA RATON FL 33431

PO BOX 171821
 BOCA RATON FL 33429

2. Principal Place of Business

4400 N FEDERAL HWY

3. Mailing Address

PO Box 1718

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

City & State

BOCA RATON
 FLORIDA

City & State

BOCA RATON FL

Zip

Country

33431

USA

Zip

Country

33429

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0467661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, SANDRA
 4800 N. FEDERAL HWY.
 SUITE 307-D
 BOCA RATON FL 33431

4400 N Federal Hwy
 Suite 210
 Boca Raton
 FL 33431

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 ☐ Delete
 NAME P
 STREET ADDRESS BROOKS, SANDRA
 CITY-ST-ZIP 4800 N. FEDERAL HWY., STE 307-D
 BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SANDRA E BROOKS 04/25/00 561 367-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (3/93)