

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90791 011 \*\*\*158.75

**DOCUMENT # P94000086045**

1. Entity Name

**MANTRUST, INC.**

Principal Place of Business

1190 N.E. 34 CT.  
 OAKLAND PARK FL 33334

Mailing Address

1190 N.E. 34 CT.  
 OAKLAND PARK FL 33334-2828

2. Principal Place of Business

1190 NE 34 CT

Suite, Apt. #, etc.

City & State

Oakland Park Fla

Zip

33334

Country

USA

3. Mailing Address

1190 NE 34 CT.

Suite, Apt. #, etc.

City & State

Fla. Oakland Park

Zip

33334

Country

USA

4. FEI Number

65-0541532

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAFIQ, TAHERA M**  
 846 N.E. 34 CT.  
 OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name

N.A.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RAFIQ, TAHERA M	846 N.E. 34 CT.	OAKLAND PARK FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
(D)	RUBAB H. MEGHANI	846 NE 34 CT.	Oakland Park Fla. 33334	<input type="checkbox"/>	<input checked="" 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 M. R. HUSAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

(954)

564-4413

Daytime Phone #

CR2E034 (9/99)