

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED 2002 REPORT

FILED

02 MAY 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060404

1. Entity Name

MANELLI, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 PALM AVE

3. Mailing Address

900 PALM AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH FL

City & State
HIALEAH FL

4. FEI Number
65-0598683

Applied For
Not Applicable

Zip
33010

Country

Zip
33010

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KOSTETSKY, FERNANDO**

Street Address (P.O. Box Number is Not Acceptable)
18031 BISCAYNE BLVD. #804

TOWER III SOUTH

City **AVENTURA FL** **FL** Zip Code **33160**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**PTD
KOSTETSKY, FERNANDO
18031 BISCAYNE BLVD #804
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300005754513-6
06/11/02-01111-004
*****61.50 *****61.50**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ACOSTA, NELSON EDUARDO
2526 S.E. 16 PLACE #111
CAPE CORAL FL 33904**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

FERNANDO KOSTETSKY, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR