AMENI

09-19-2002 90158 022 ****61.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P95000060404

02 SEP 24 PM 12:01

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DOCUMENT # P95000060404

1. Entity Name

MANELLI, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1517 SE 17 TERRACE	1517 SE 17 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33990 Country	Zip: 33990 Country

4. FEI Number: 65-0598683 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ACOSTA, NELSON E.

Street Address (P.O. Box Number Is Not Acceptable): 1517 SE 17 TERRACE

City: CAPE CORAL FL Zip Code: 33990

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 X _____ NELSON E. ACOSTA
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	P STD
NAME	ACOSTA, NELSON E.
STREET ADDRESS	1517 SE 17 TERRACE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	V
NAME	KOTETSKY, FERNANDO
STREET ADDRESS	18031 BISCAYNE BLVD #804 TWR III S.
CITY-ST-ZIP	AVENTURA, FL 33160
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CR2E034B (12/01)

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 _____ NELSON E. ACOSTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/25/02
ao