

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012041

1. Entity Name

MANNA DISTRIBUTION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90224 012 \*\*\*150.00

Principal Place of Business

1708 N GOLDENROD ROAD STE 105  
ORLANDO FL 32807

Mailing Address

1708 N GOLDENROD ROAD STE 105  
ORLANDO FL 32807-8457

2. Principal Place of Business

1704 N. GOLDENROD RD

Suite, Apt. #, etc.

SUITE 105

City & State

ORLANDO FL

Zip

32807

Country

ORANGE

3. Mailing Address

1704 N. GOLDENROD RD

Suite, Apt. #, etc.

SUITE 105

City & State

ORLANDO FL

Zip

32807

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3362270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENEZES, MOACIR H  
11980 REEDY CREEK DR.  
101  
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name

HENRY MENEZES

Street Address (P.O. Box Number is Not Acceptable)

1132 EAGLES WATCH TR

City

WINTER SPRINGS

FL

Zip Code

32708

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.

HENRY MENEZES

(NOTE: Registered Agent signature required when reinstating)

JAN/6/2000

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	PD	<input type="checkbox"/> Delete
NAME	MENEZES, MOACIR H	
STREET ADDRESS	11980 REEDY CREEK DR. #101	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MENEZES, ROSANE C	
STREET ADDRESS	11980 REEDY CREEK DR. #101	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOACIR H. MENEZES	
STREET ADDRESS	1132 EAGLES WATCH TR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSANE C. MENEZES	
STREET ADDRESS	1132 EAGLES WATCH TR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY MENEZES JAN/6/2000

Date

407381-1158

Daytime Phone #

CR2E034 (9/99)