FILED Aug 26, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P96000046035 DOCUMENT # 1. Entity Name 08-26-2002 90052 016 ***150.00 MANTE INC. Principal Place of Business Mailing Address 918 E. 62ND ST 976335 918 NE 62ND ST OAKLAND FL 33334 OAKLAND FL 33334 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0667882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELUCA, ANASTASIA A Street Address (P.O. Box Number is Not Acceptable) 918 NE 62ND ST FT. LAUDERDALE FL 33334 City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition SANDOLO, ADA NAME NAME 918 NE 62ND ST STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition SANDOLD, ADA NAME NAME STREET ADDRESS 3351 NW 85TH AVE STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME Deluca, anastasia a NAME 5216 NE 6 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKLAND FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME

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 explained effectue 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. If the allotter like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND SERVICE NAME OF SCHOOL STREET

8/23/02 (974)9589758

Affa Chment

#196000004 6035

Mante, Inc d/b/a
A to Z Pack & Ship
918 E. Cypress Creek Rd
Oakland Park, Fl. 33334-4110
(954) 958-9758

Florida Department of State Division of Corporations Uniform Business Report

08/23/02

Dear Sir or Madam:

I am writing to request that you would accept the enclosed report as a timely report due to non-receipt of the previous mailing. Also, please note that the address listed is incorrect and should read as re-entered in items 2 and 3.

Thank you for your consideration in this matter. I am available to you at the above listed number should you wish to contact me.

Best Regards,

Ana De Luca Owner / President