

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054543

1. Entity Name

MANHATTAN MANOR APARTMENTS, INC.

Principal Place of Business  
4002-4004 SOUTH MANHATTAN AVE  
TAMPA FL 33611

Mailing Address  
1802 W CLEVELAND ST  
TAMPA FL 33606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BARBAS, RANDY R  
1802 W CLEVELAND ST  
TAMPA FL 33606

4. FEI Number  
**59-3395031**

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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, 2002 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 **P**  Delete  
NAME BARBAS, RANDY R.  
STREET ADDRESS 1802 W. CLEVELAND STREET  
CITY-ST-ZIP TAMPA FL

TITLE **VP**  Delete  
NAME BARBAS, STEPHEN M  
STREET ADDRESS 1802 W. CLEVELAND ST  
CITY-ST-ZIP TAMPA FL 33606

TITLE **T**  Delete  
NAME FERNANDEZ, ROBERT  
STREET ADDRESS 1605 N. MACDILL AVE  
CITY-ST-ZIP TAMPA FL 33607

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

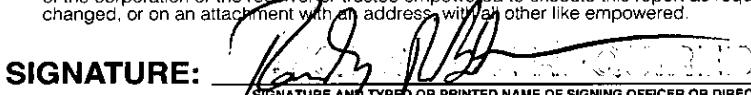
TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  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

4/24/02 813-254-6595  
Date Daytime Phone #

CR2E034 (9/01)