

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066191

1. Entity Name

MANILA SHANGRILA RESTAURANT, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90144 042 ***158.75

Principal Place of Business

1701 S.E. 20TH STREET
FT. LAUDERDALE FL 33316

Mailing Address

PO BOX 22219
FT. LAUDERDALE FL 33335-2219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691990

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANALAYSAY, ELVIRA A
3559 N.W. 91ST LANE
SUNRISE FL 33316

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MANALAYSAY, ELVIRA A	
STREET ADDRESS	3559 N.W. 91ST LANE	
CITY-ST-ZIP	SUNRISE FL 33316	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANALAYSAY, EDWIN A	
STREET ADDRESS	3638 N.W. 111TH AVE.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANALAYSAY, ELMER A	
STREET ADDRESS	7612 N.W. 38TH COURT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALANO, GEORGIA T	
STREET ADDRESS	3559 N.W. 91ST LANE	
CITY-ST-ZIP	SUNRISE FL 33351	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Elvira A. Manalaysay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELVIRA A. MANALAYSAY 04/24/00 (954) 527-0220