

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90832 001 ***158.75

DOCUMENT # P96000066191

1. Entity Name

MANILA SHANGRILA RESTAURANT, INC.

Principal Place of Business

Mailing Address

**1701 S.E. 20TH STREET
FT. LAUDERDALE FL 33316****PO BOX 22219
FT. LAUDERDALE FL 33335****548599**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0691990**Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 business agent.

(NOTE: Required when reinstating)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MANALAYSAY, ELVIRA A	3559 N.W. 91ST LANE	SUNRISE FL 33316	<input type="checkbox"/>
VP	MANALAYSAY, EDWIN A	3638 N.W. 111TH AVE.	SUNRISE FL 33351	<input type="checkbox"/>
D	MANALAYSAY, ELMER A	7612 N.W. 38TH COURT	SUNRISE FL 33351	<input type="checkbox"/>
ST	ALANO, GEORGIA T	3559 N.W. 91ST LANE	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 PRESIDENT 04/23/01 (954) 527-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)