

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90310 001 ***150.00

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AV

DOCUMENT # P96000095985

1. Entity Name
MANSAL, INC.



Principal Place of Business
13190 SW 62 AVENUE
MIAMI FL 33156

Mailing Address
13190 SW 62 AVENUE
MIAMI FL 33156

2. Principal Place of Business
2 GROVE ISLE

3. Mailing Address
2 GROVE ISLE

Suite, Apt. #, etc.
1207

Suite, Apt. #, etc.
1207

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0739240**

Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MALE, MICHAEL H
3250 MARY STREET
SUITE 303
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	ONCINS, MANUEL SALVOCH	
STREET ADDRESS	13190 SW 62 AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DVST	☐ Delete
NAME	CAYUELA, MANUEL S	
STREET ADDRESS	13190 SW 62 AVENUE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	AS	☐ Delete
NAME	MALE, MICHAEL H	
STREET ADDRESS	3250 MARY STREET #303	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL H. MALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 305-667-8566

Date Daytime Phone #

CR2E034 (10/02)