

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

017601

**DOCUMENT # P96000102474**

1. Entity Name  
**FUNERAL MANAGEMENT, INC.**

04-05-2001 90074 048 \*\*\*150.00

Principal Place of Business  
**2075 N.W. 54 STREET**  
**MIAMI FL 33142-3071**  
**US**

Mailing Address  
**2075 NW 54 STREET**  
**MIAMI FL 33142**

737832



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 **65-0714937**

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

**FRESHMAN, JERALD A**  
**9130 S DADELAND BLVD**  
**SUITE 1701**  
**MIAMI FL 33156**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MANKER, WILLIAM E JR</b>	
STREET ADDRESS	<b>4350 NW 11 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MANKER, MONICA</b>	
STREET ADDRESS	<b>12820 NW 13 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MANKER, MARCIA</b>	
STREET ADDRESS	<b>4350 NW 11 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE		<input type="checkbox"/> Delete
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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: *William Manker P.D.* **William Manker P.D.** **4-3-01** **695-4453 (305)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)