AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

Hannel De La Torre

STF FL32381F.1

DOCUMENT # P97000001841					FILED		
1. Entity Nam	e		•	•	DO NOV 20 PH	3: 33	
MANNY TORRE, INC.					OF STATE		
Principal Place of Business Mailing Address 1820 N.RIO GRANDE AVE 1820 N. RIO GRANDE AVE 1						FLORIDA	
ORLANDO	D, FL 32804	ORLANDO, FL	328	304	T		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3418974	Applied For Not Applicable	
Zip	Country	Zip	Country			8.75 Additional ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
	معدد المتمسينين والمسر المداد فيداسد			MANNY DI	LA TORRE		
AMERILAWYER CHARTERED 3517				Street Address	OLD WINTER IS DARDEN ROAD		
343 ALMERIA AVENUE CORAL GABLES, FL 33134				APT. 234	234		
CORAL GABLES, FL 33134				OCOEE	FL	3 6 1-561	
8. The above	named entity submits this statement	for the purpose of changing	its reg		gistered agent, or both, in the State of Florida	3.	
<u> </u>							
SIGNATURE 117 / dll - PRESIDENT 11/15/07							
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) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State							
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	PSTD MANUEL D	Delete Delete	Пπ.			X Change ☐ Addition 8	
NAME STREET ADDRESS	TORRE, MANUEL D 2096 GRAYSTONE		NAM Stre		00 OLD WINTER GARDE	N RD #234	
CITY - ST - ZIP	ORLANDO, FL 328		CITY		OEE, FL 3 4 761	Change	
TITLE		Delete	TITLI		RRE, MARIA PILAR DE		
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CITY - ST - ZIP					OEE, FL 3\$\frac{1}{761}		
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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: PRESIDENT ((/S/U) 407-294-9415							