2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am P97000001841 DOCUMENT # Secretary of State 1. Entity Name 04-03-2002 90011 015 ***150.00 MANNY TORRE, INC. Mailing Address Principal Place of Business 1820 N RIO GRANDE AVE PO BOX 677516 ORLANDO FL 32804 ORLANDO FL 32867 2. Principal Place of Business 3. Mailing Address 8815 Trevarthon DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3418974 Not Applicable Otlando Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE LA TORRE, MANNY Street Address (P.O. Box Number is Not Acceptable) 3100 OLDWINTER GARDEN ROAD APT. #234 City Avlando Zip Code 3 2817 OCOEE FL:34761 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) □ Delete TITLE TITLE **PSTD** 8815 Trevorthon Rd. NAME TORRE, MANUEL DE LA STREET ADDRESS STREET ADDRESS 3100 OLD WINTER GARDEN RD APT 234 Orlando, PL 32817 CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761** Change Change ☐ Addition BBIT Trevarthon Rd. TITLE VD □ Delete TITEF NAME NAME DE LA TARRE, MARIA STREET ADDRESS 3100 OLD WINTER GARDEN RD APT 234 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.