

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90063 041 ***163.75

DOCUMENT # P97000010738

1. Entity Name
MANEX SERVICE CORPORAITON



Principal Place of Business
4970 SW 72ND AVE
SUITE 109
MIAMI FL 33155

Mailing Address
4970 SW 72ND AVE
SUITE 109
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address
6800 SW 40th Street

Suite, Apt. #, etc.
343

City & State
MIAMI, FLORIDA

Zip
33155-3708

Country
USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

QUEVEDO, RAFAEL A
4970 SW 72ND AVE
SUITE 109
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
QUEVEDO RAFAEL A
Street Address (P.O. Box Number is Not Acceptable)
6800 SW 40th Street
343
City
Miami
FL
Zip Code
33155

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
QUEVEDO, RAFAEL A
4970 SW 72ND AVE SUITE 109
MIAMI FL 33155

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

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☐ Change ☐ Addition

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:

SIGNATURE OF RAFAEL A QUEVEDO Pres.

Date

Daytime Phone #

1/10/03 (305) 661-3731

CR2E034 (10/02)