

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000066675**

1. Entity Name

MANCHESTER ENTERPRISES, INC. ✓

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90082 023 ***150.00

Principal Place of Business
7901 LUDLAM ROAD
SUITE 204
MIAMI, FL 33134

Mailing Address
7901 LUDLAM ROAD
SUITE 204
MIAMI, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0772564

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

836520

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANCHESTER, JEFFREY C.
7901 LUDLAM ROAD
SUITE 204
MIAMI, FL 33143

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 _____
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DIRECTOR | <input type="checkbox"/> Delete |
| NAME MANCHESTER, JEFFREY C. | |
| STREET ADDRESS 7901 LUDLAM ROAD SUITE 204 | |
| CITY-ST-ZIP MIAMI, FL 33143 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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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:  **JEFFREY C. MANCHESTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 **(305) 668-0029**
Date Daytime Phone #

CR2E034 (9/99)