## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

## **FILED** DOCUMENT # **P97000070295** Apr 20, 2000 8:00 am Secretary of State MANICA ENTERPRISES, INC. 04-20-2000 90051 031 \*\*\*150.00 Principal Place of Business Mailing Address 3515 W SEVILLA ST 3515 W SEVILLA ST TAMPA FL 33629-7953 **TAMPA FL 33629** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3467728 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DICKENS, MARK S Street Address (P.O. Box Number is Not Acceptable) 7628 N 56TH STREET, STE 15 **TAMPA FL 33617** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change Addition CR2E034 (9/99 TITLE □ Delete TITLE PEREZ. HUMBERTO SR NAME NAME STREET ADDRESS 3515 W SEVILLA ST STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 ☐ Addition ☐ Change ☐ Delete TITLE TITLE PEREZ, MARIA S NAME STREET ADDRESS STREET ADDRESS 3515 W SEVILLA ST CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP ☐ Change Addition Delete NAME PEREZ. HUMBERTO MD NAME STREET ADDRESS STREET ADDRESS 3515 W SEVILLA ST CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Addition ☐ Change ☐ Delete TITLE TITLE NAME PEREZ, VERONICA NAME 3515 W SEVILLA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IF ☐ Change \_\_\_ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Perez (Director)

00 (813) 837-1140