2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 09, 2002 8:00 am Secretary of State P98000005414 DOCUMENT # 1. Entity Name 05-09-2002 90078 036 ***150.00 MANRESA ENTERPRISE INC. Principal Place of Business Mailing Address 1936 ANDROMEDA LANE **62 INDIAN TRACE** WESTON FL 33327 #47 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address 936 ANDROHEDA LAUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number FL, Applied For 33327 65-0832712 Neston Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Browsal Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARIAS, JOSE H GARAVITO, JOSE H Street Address (P.O. Box Number is Not Acceptable) 1939 ANDROMEDA LANE WESTON FL 33327 ANDRONEDA 8. The above named entity submits this tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ž Delete TITLE TITLE Change ☐ Addition GARAVITO, JOSE H NAME ALIAS, JOSL H. NAME 1939 ANDROMEDA LANE STREET ADDRESS 1936 Andromeda Lane STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP 3332+ WESTON TITLE ☐ Delete TITLE Change ☐ Addition ALVAREZ, CLAUDIN NAME ALVAREZ, CLAUDIA NAME Andromeda Lane. STREET ADDRESS 1939 ANDROMEDA LANE STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP 33327 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 13. I hereby certify that the information supplied with this this ting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is to of the corporation or the receiver or trustee empore

FILED

Daytime Phone #

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you make a mistake writing the President President pane.

You write Garavito Jose H but the correct ham is Arias Jose H. ham is Arias Jose H. but the person is the same and you typing bod the address

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