

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000067063**

1. Entity Name

MANUCOM INDUSTRIES CORPORATION**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90032 001 ***150.00

A0000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12399 S.W. 53 STREET SUITE 104 COOPER CITY FL 33330	Mailing Address 12399 S.W. 53 STREET SUITE 104 COOPER CITY FL 33330
--	--

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	59-2027065	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent CHIODO, DANIEL J 12399 SW 53 STREET STE 104 COOPER CITY FL 33330
--

7. Name and Address of New Registered Agent
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) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHIODO, DANIEL J
STREET ADDRESS	2652 EDGEWATER DR
CITY-ST-ZIP	FT LAUDERDALE FL 33332
TITLE	S
NAME	CLINTON, LISA
STREET ADDRESS	14501 W. PALOMINO DR
CITY-ST-ZIP	FT LAUDERDALE FL 33330
TITLE	V
NAME	PASLEY, DIANE
STREET ADDRESS	16267 ERIE PLACE
CITY-ST-ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 (954) 434-9995

CR2E034 (10/00)