

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069581

1. Entity Name

MANAT CORPORATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90076 029 \*\*\*150.00

Principal Place of Business

Mailing Address

6800 SW 75TH AVE  
MIAMI FL 33143

6800 SW 75TH AVE  
MIAMI FL 33143-2818

2. Principal Place of Business

3. Mailing Address

2843 Bayshore Dr.

2843 Bayshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

118

118

City & State

City & State

Coconut Grove, FL

Coconut Grove, FL

Zip

Country

Zip

Country

33133

33133

4. FEI Number

65-0929664

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLADARES, GILDA  
6800 SW 75TH AVE  
CORAL GABLES FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

2843 Bayshore Dr.

# 118

City

Coconut Grove

FL

Zip Code

33133

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

*Gilda Valladares*

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 PD  
NAME VALLADARES, GILDA  
STREET ADDRESS 6800 SW 75TH AVE  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 2843 Bayshore Dr. #118  
STREET ADDRESS Coconut Grove, FL 33133  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Gilda Valladares* GILDA VALLADARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

305-4761928

Daytime Phone #

CR2E034 (9/99)