

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069581

1. Entity Name
MANAT CORPORATION

FILED
Mar 26, 2001 8:00 am -
Secretary of State

03-26-2001 90015 039 ***150.00

Principal Place of Business

2843 BAYSHORE DRIVE
118
MIAMI FL 33133

Mailing Address

2843 BAYSHORE DRIVE
118
MIAMI FL 33133

00037662

2. Principal Place of Business

2843 Bayshore Dr.
Suite, Apt. #, etc.
11A

3. Mailing Address

2843 Bayshore Dr.
Suite, Apt. #, etc.
11A

City & State
Miami, FL

City & State
Miami, FL

Zip
33133

Country

Zip
33133

Country

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
2843 BAYSHORE DRIVE
#118
MIAMI FL 33133

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, 2001 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** ☐ Delete
NAME **VALLADARES, GILDA**
STREET ADDRESS **2843 BAYSHORE DR #118**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☒ Change ☐ Addition
NAME **2843 Bayshore Dr. # 11A**
STREET ADDRESS **Coconut Grove, FL 33133**
CITY-ST-ZIP

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01
Date

Daytime Phone #

CR2E034 (10/00)