

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075485

1. Entity Name

MANNY GRENET, P.A.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90002 020 ***150.00

Principal Place of Business

511 SPRING ISLAND WAY
ORLANDO FL 32828

Mailing Address

Manny Grenet
P.O. Box 470578
P. Celebration FLA 34747

2. Principal Place of Business

2221 HEATHWOOD CIRCLE

3. Mailing Address

Manny Grenet
P.O. Box 470578
Celebration FLA 34747

City & State

Orlando FL

City & State

Orlando FLA 34747

Zip

32825

Country

ORLAGE

Zip

Country

4. FEI Number

59-3531514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRENET, MANNY
511 SPRING ISLAND WAY
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name: MANNY GRENET
Street Address (P.O. Box Number is Not Acceptable): 2221 HEATHWOOD CIRCLE
City: ORLANDO FL Zip Code: 32825

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

Manny Grenet
Signature, typed or printed name of registered agent and title if applicable.

MANNY GRENET

1-20-00

(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

TITLE: D
NAME: GRENET, MANNY
STREET ADDRESS: 511 SPRING ISLAND WAY
CITY-ST-ZIP: ORLANDO FL 32828

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
Delete

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME: MANNY GRENET
STREET ADDRESS: 2221 HEATHWOOD CIRCLE
CITY-ST-ZIP: ORLANDO FL 32825
Change Addition

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

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Change Addition

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

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:

Manny Grenet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

Daytime Phone #

(407) 239-2400