

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105026

1. Entity Name

Manny's Construction, Inc.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90124 015 \*\*\*150.00

Principal Place of Business

Mailing Address

615 Summit Ct.

615 Summit Ct.

Kissimmee, FL 34741

Kissimmee, FL 34741

2. Principal Place of Business

1586 Twelve Oaks Cr.  
Suite, Apt. #, etc.

3. Mailing Address

1586 Twelve Oaks Cr.  
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3559238

Applied For

Not Applicable

Zip

34745

Country

US

Zip

34745

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~Barden, Rosa~~

615 Summit Ct.

Kissimmee, FL 34741

7. Name and Address of New Registered Agent

Name

Pineda, Emmanuel

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

1586 Twelve Oaks Cr.

City

Kissimmee

FL

Zip Code

34744

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

4/25/00

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	PD	<input type="checkbox"/> Delete
NAME	Pineda, Emanuel	
STREET ADDRESS	615 Summit Ct.	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Jasso, Saul	
STREET ADDRESS	338 E. Maple St.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pineda, Emmanuel	
STREET ADDRESS	1586 Twelve Oaks Cr.	
CITY-ST-ZIP	Kissimmee, FL 34745	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/25/00

DATE

Daytime Phone #

CR2E034 (9/99)