

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105689

1. Entity Name

MANUFACTURAS DE PAPEL MANPA, CORP.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90024 015 \*\*\*150.00

Principal Place of Business

8410 NW 53RD TERR., SUITE 116  
MIAMI FL 33166

Mailing Address

8410 NW 53RD TERR., SUITE 116  
MIAMI FL 33166-4510

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1717 N Bayshore Dr #002

Suite, Apt. #, etc.

002

City & State

Miami, FL

Zip

33132

Country

USA

4. FEI Number

65-0882487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEDREANCZ, EVELIO  
8410 NW 53RD TERR., SUITE 116  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Leon Olavarrieta

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

1717 N Bayshore Dr #002

City

Miami

FL

Zip Code

33132

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.

President

04/01/00

(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	PTD	<input type="checkbox"/> Delete
NAME	OLAVARRIETA, LEON R	
STREET ADDRESS	8410 NW 53RD TERR., SUITE 116	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	PEDREANCZ, EVELIO	
STREET ADDRESS	8410 NW 53RD TERR., SUITE 116	
CITY-ST-ZIP	MIAMI FL 33166	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricardo Olavarrieta	
STREET ADDRESS	1717 N Bayshore Dr #002	
CITY-ST-ZIP	Miami, FL 33132	
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		
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

04/01/00

Date

(786) 213-4235

Daytime Phone #

CR2E034 (9/99)