

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105689

1. Entity Name

MANUFACTURAS DE PAPEL MANPA, CORP.

Principal Place of Business

9949 N.W. 89 AVE. BAY 9
MEDLEY FL 33178

Mailing Address

9949 N.W. 89 AVE. BAY 9
MEDLEY FL 33178

2. Principal Place of Business

9949 NW 89 AVE

3. Mailing Address

9949 NW 89 AVE

Suite, Apt. #, etc.

BAY #8

Suite, Apt. #, etc.

BAY #8

City & State

Medley, FL

City & State

Medley, FL

Zip

33178

Country

USA

Zip

33178

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

7. Name and Address of New Registered Agent

OLAVARRIETA, LEON

9949 N.W. 89 AVE, BAY 9
MEDLEY FL 33178

Name

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

9949 NW 89 AVE BAY #8

City

Medley

FL

Zip Code
33178

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, 2002 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

CR2E034 (9/01)

TITLE PD Delete
NAME OLAVARRIETA, LEON R
STREET ADDRESS 9949 N.W. 89 AVE, BAY 9
CITY-ST-ZIP MEDLEY FL 33178

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD Delete
NAME OLAVARRIETA, RICARDO
STREET ADDRESS 9949 N.W. 89 AVE, BAY 9
CITY-ST-ZIP MEDLEY FL 33178

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
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
NAME
STREET ADDRESS
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: LEON OLAVARRIETA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

(305)542-6618

Date

Daytime Phone #