

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90169 033 ***150.00

DOCUMENT # P99000005162

1. Entity Name
M & N MANAGEMENT INC.

Principal Place of Business Mailing Address

7925 N.W. 12TH STREET **7925 N.W. 12TH STREET**
STE 324 **STE 324**
MIAMI FL 33126 **MIAMI FL 33126**

431218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

7925 NW 12TH STREET **7925 NW 12TH STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 318 **SUITE 318**
 City & State City & State
MIAMI FLORIDA **MIAMI FLORIDA**

4. FEI Number Applied For

65-0888408 Not Applicable

Zip Country Zip Country

33126 **USA** **33126** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NODA, ALFREDO
7925 N.W. 12TH STREET
STE 324
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12TH STREET

SUITE 318

City State Zip Code
MIAMI **FL** **33126**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|---------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | PSTD NODA, ALFREDO 7925 N.W. 12TH STREET SUITE 318 MIAMI FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **04/30/02** DAYTIME PHONE # _____

CR2E034 (9/01)