05/01/2000 02:16 FROM FELIX M CACERES TO 35/2

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-26-2000 90021 039 ***150.00

DOCUMENT # P99000020703

1. Entity Name

MANNY'S AUTO TECH., INC.

R

Principal Place of Business	Mailing Address
6054 SOUTH DIXIE HIGHWAY MIAMI FL 33143	6054 SOUTH DIXIE HIGHWAY MIAMI FL 33143-5001

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-089 9895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANADES, MAGDIEL
6054 SOUTH DIXIE HIGHWAY
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, type 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, 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

☐ Delete	PANADES, Magdiel 6054 Southdixie Highway Miami FL 33143
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	
☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT PANEDES, MAGDIEL 6054 SOUTH DIXIE HWY MIAMI, FL 33143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HORTA, ISRAEL 6054 SOUTH DIXIE HWY. MIAMI, FL 33143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Magdiel Panades 5/1/00 305-

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #