

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031430

1. Entity Name

MANCUSO REALTY INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-23-2000 90244 020 ***150.00

Principal Place of Business

Mailing Address

9065 S.E. BRIDGE ROAD
HOBE SOUND FL 33455

9065 S.E. BRIDGE ROAD
HOBE SOUND FL 33455-5314

2. Principal Place of Business

3. Mailing Address

8896 SE Bridge Rd.

8896 SE Bridge Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hobe Sound, FL.

Hobe Sound FL

City & State

City & State

33455

33455

Zip

Country

Zip

Country

4. FEI Number

65-0920708

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

MANCUSO, RONALD R
9065 S.E. BRIDGE ROAD
HOBE SOUND FL 33455

Name

Manusso, Ronald R.

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

8896 SE Bridge Rd.

Hobe Sound

FL

33455

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

Ronald R. Mancuso

Ronald R. Mancuso

6/29/00

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when resigning)

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change

☐ Addition

D
MANCUSO, RONALD R
9065 S.E. BRIDGE ROAD
HOBE SOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

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CITY-ST-ZIP

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
contained 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:

Ronald R. Mancuso

4/27/00

64 288-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #