

# 2001 UNIFORM BUSINESS REPORT (UBR)

CORRECTED

DOCUMENT # P99000037287

1. Entity Name MANHATTAN INTERNATIONAL  
MARKETPLACE CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

7305 COLLINS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

7305 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33141

Country

USA

City & State

MIAMI BEACH, FLORIDA

Zip

33141

Country

USA

4. FEI Number

65-0914336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SANTOS, MAURO C.  
25 SE 2 AVENUE  
SUITE 1235  
MIAMI, FLORIDA 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/01

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, 2001 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          | <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    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                            |                                              |
|----------------|---------------------------|--------------------------------------------|----------------------------------------------|
| TITLE          | VPSD                      | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           | BRAS, JOAQUIM             |                                            |                                              |
| STREET ADDRESS | 9008 PROBE AVENUE         |                                            |                                              |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33141      |                                            |                                              |
| TITLE          | PD                        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           | MENESES, MAURICIO         |                                            |                                              |
| STREET ADDRESS | 808 BRICKELL WAY DR. #804 |                                            |                                              |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33131      |                                            |                                              |
| TITLE          | D                         | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME           | MORRISON, BEATRIZ         |                                            |                                              |
| STREET ADDRESS | 1307 BURGUNDY COURT       |                                            |                                              |
| CITY-ST-ZIP    | SOUTH LAKE, TEXAS 76092   |                                            |                                              |
| TITLE          |                           | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME           | 200004732932--9           |                                            |                                              |
| STREET ADDRESS | -12/19/01--01049--022     |                                            |                                              |
| CITY-ST-ZIP    | *****26.25 *****26.25     |                                            |                                              |
| TITLE          |                           | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME           | 200004732932--9           |                                            |                                              |
| STREET ADDRESS | -12/19/01--01049--023     |                                            |                                              |
| CITY-ST-ZIP    | *****35.00 *****35.00     |                                            |                                              |
| 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

Date

Daytime Phone #

MAURICIO MENESES 8/2/01

305-374-4260

FILED

01 NOV 13 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

CR2E034 (11/00)