

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000037287

1. Entity Name

MANHATTAN INTERNATIONAL MARKETPLACE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4711 N.W. 79TH STREET

3. Mailing Address
4711 N.W. 79TH STREET

Suite, Apt. #, etc.
SUITE 20 T

Suite, Apt. #, etc.
SUITE 20 T

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33166

Country
US

Zip
33166

Country
US

REINSTATEMENT

10/29/02 01053 007 \$750.00

4. FEI Number
65-0914336

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MAURICIO MENESES

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

4711 N.W. 79TH STREET, SUITE 20 T

City
MIAMI

FL

Zip Code
33166

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)

11/13/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PD
MAURICIO MENESES
4711 N.W. 79TH STREET, SUITE 20 T
MIAMI FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100008996401
11/14/02--01030--002 **\$450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
JOAQUIM BRAS
4711 N.W. 79TH STREET, SUITE 20 T
MIAMI FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEATRIZ MORRISON
4711 N.W. 79TH STREET, SUITE 20 T
MIAMI FLORIDA 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02

DATE

305-6401901

Daytime Phone #

CR2E034B (12/01)