

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042191

1. Entity Name

R. J. MANNINO, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90065 037 ***150.00

Principal Place of Business

Mailing Address

3300 N. STATE ROAD 7
LIVE OAK DRIVE. BOX D 362
HOLLYWOOD FL 33021-2158

3300 N. STATE ROAD 7
LIVE OAK DRIVE. BOX D 362
HOLLYWOOD FL 33021-2158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0924432

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANNINO, RALPH
3300 N. STATE ROAD 7
LIVE OAK DRIVE, BOX D 362
HOLLYWOOD FL 33021-2158

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MANNINO, RALPH JR.
3300 N. STATE ROAD 7
HOLLYWOOD FL 33021-2158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
AULD, KATHLEEN
3300 N. STATE ROAD 7
HOLLYWOOD FL 33021-2158 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ 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: Ralph Mannino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAIPH MANNINO 12701 954-962-9758
Date Daytime Phone #

U11/007

CR2E034 (10/00)