1/2 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am DOCUMENT # **P99000074305** Secretary of State 1. Entity Name MANUFACTURING CONCEPTS PUBLISHING, INC. 01-26-2001 90098 011 \*\*\*150.00 Principal Place of Business Mailing Address 6287 BAHIA DEL MAR CIRCLE S. #403 6297 BAHIA DEL MAR CIRCLE S. #403 ST PETERSBURG FL 33715 ST PETERSBURG FL 33715 61332 2. Principal Place of Business 3. Mailing Address street West and Street West 291 Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3595553 Tierra Uende Verde Tierra Not Applicable Country Pinellas \$8.75 Additional 5. Certificate of Status Desired Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APOSTOLU, MARTA 6287 BAHIA DEL MAR CIRCLE S, #403 ST PETERSBURG FL 33715 Tierra 6. The above named entity submits this statement for the purpose of changing its registered office in the State of Florida. (NOTE: Registere FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Delete CR2E034 (10/00) TITLE TITLE ( Change ☐ Addition Presiden<u>t</u> APOSTULU, MARTA Z Zacher NAME NAME Edward 6287 BAHIA DEL MAR CIRCLE S. #403 STREET ADDRESS STREET ADDRESS 5t. W 2ndCITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715 erra 3 3*7/5* TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MANIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 suppowered.

NG OFFICER OR DIRECTOR

SIGNATURE:

867-2763

Date

Daytime Phone #