


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000078864	
1. Entity Name JOSEPH MANKO Corp. Inc.	

FILED

03 JUN -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1620 NE 32 PLACE Suite, Apt. #, etc. Bonaparte Bch Fla. City & State 33064 Country US	3. Mailing Address 1430 NE 57 ST. Suite, Apt. #, etc. Ft. Lauderdale Fla City & State 33308 Zip 33308 Country US
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DO NOT WRITE IN THIS SPACE

4. FFI Number 99000078864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Wm JOSEPH MANKO
Street Address (P.O. Box Number is Not Acceptable) 1930 NE 57 ST.
City FT LAUDERDALE FL Zip Code 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Joseph Manko* DATE 5/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

200020318782
05/02/03-00072-015 *160.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT Wm JOSEPH MANKO 1930 NE 57 ST FT LAUDERDALE 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP PATRICIA J MANKO SECRETARY, VICE PRES. 1930 NE 57 ST. FT. LAUD. 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Wm JOSEPH MANKO *William Joseph Manko* DATE 5/31/03 DAYTIME PHONE # 954 465466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)