

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 93293

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90108 035 \*\*\*150.00  
01-28-2000 90073 036 \*\*\*150.00

**00101766**

DO NOT WRITE IN THIS SPACE

1. Entity Name <u>DRAPE MANCOE</u>		Principal Place of Business <u>3021 NE 43 ST</u> <u>FORT LAUDERDALE</u> <u>FL 33308</u>		Mailing Address <u>SAME</u>	
2. Principal Place of Business <u>3021 NE 43 ST</u> Suite, Apt. #, etc.		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc.		4. FEI Number	
City & State <u>FORT LAUDERDALE - FL</u>		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>33308</u>	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <u>RONNIE BIRCH</u> <u>3021 NE 43 ST</u> <u>FORT LAUDERDALE FL 33308</u>				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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>May 2/00</u>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<u>RONNIE BIRCH</u>	<u>3021 NE 43 ST</u>	<u>FORT LAUDERDALE FL 33308</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<u>President</u>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>5/2/00</u> Daytime Phone # <u>954-564-1831</u>					

CR2E034 (9/99)