

2001 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-05-2001 90093 049 ****61.25

DOCUMENT # 740894

1. Entity Name

MANGO HILL CONDOMINIUM ASSOCIATION NO. 4, INC.

Principal Place of Business

P. O. BOX 110548
1090 W 43 PL
HIALEAH FL 33011-0548
US

Mailing Address

C/O ACTION GENERAL SERVICES
P. O. BOX 110548
HIALEAH FL 33011-0548
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4445 West 16 Ave

Suite, Apt. #, etc.
Suite 308

City & State

HIALEAH, FL

Zip

33012

Country

Dade

4. FEI Number

59-1850997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, JUAN F
1063 W 43RD PL
HIALEAH FL 33012

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MIRANDA, JUAN F | |
| STREET ADDRESS | 1063 W 43RD PL | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SUAREZ, LUIS | |
| STREET ADDRESS | 1059 W. 42ND PLACE | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HERRERA, AMADO | |
| STREET ADDRESS | 1090 W 43RD PL | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | VARGAS, PEDRO | |
| STREET ADDRESS | 1053 W 42ND PL | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIRANDA, JUAN F | |
| STREET ADDRESS | 1063 W 43rd PL | |
| CITY-ST-ZIP | Hialeah, FL. 33012 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVAREZ, JOAQUIN O. | |
| STREET ADDRESS | 1062 W 43rd PL | |
| CITY-ST-ZIP | HIALEAH, FL. 33012 | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERRERA, AMADO | |
| STREET ADDRESS | 1090 W 43rd PL | |
| CITY-ST-ZIP | Hialeah, FL 33012 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

305) 823-1201

Daytime Phone #

CR2E037 (10/00)