

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90032 013 \*\*\*\*70.00

**DOCUMENT # 743826**

1. Entity Name

**MANGO LANE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**RON KATZ  
 12927 SW 103 PL  
 MIAMI FL 33176  
 US**

Mailing Address

**RON KATZ  
 12927 SW 103 PL  
 MIAMI FL 33176  
 US**

2. Principal Place of Business

*same*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A.  
 6161 BLUE LAGOON DRIVE, SUITE #250  
 MIAMI FL 33126**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	GOLDBERG, HARVEY	10325 S W 128TH TERRACE	MIAMI FL 33176	<input type="checkbox"/>
P	KATZ, RON	12927 S W 103 PLACE	MIAMI FL 33176	<input type="checkbox"/>
VP	WOLF, ANDY	10464 SW 129 TERRACE	MIAMI FL 33176	<input type="checkbox"/>
T	DEUTSCH, ELEANOR	10424 S W 128TH TERRACE	MIAMI FL 33176	<input type="checkbox"/>
D	SEVCIK, FRAN	10324 SW 129 TERRACE	MIAMI FL 33176	<input type="checkbox"/>
D	FURMAN, RICH	10404 S W 128TH TERRACE	MIAMI FL 33176	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Jorge Escalona	10485 S.W. 128 Terrace	Miami, FL 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Peter Schosberg	12926 S.W. 104 Place	Miami, Fla. 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Rip Paulen	12826 S.W. 104 Place	Miami, FL 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Mindy Notrika	10425 S.W. 128 Terrace	Miami, FL 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Byron Sharp	10364 S.W. 128 Terrace	Miami, Fla. 33176	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Antonio Debutido Treasurer* 2/15/02 305-233-0946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)