

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 746207**

1. Entity Name  
**MANGO HILL CONDOMINIUM ASSOCIATION NO. 12, INC.**

Principal Place of Business <b>7111 KAN CONCOURSE 504 BAY HARBOR FL 33154 US.</b>	Mailing Address <b>1111 KANE COUCOURSE 504 BAY HARBOR FL 33154 US</b>
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2. Principal Place of Business <b>8101 BYRON AVE</b>	3. Mailing Address <b>P.O. BOX 440915</b>
Suite, Apt. #, etc. <b>Association Box</b>	Suite, Apt. #, etc.

City & State <b>Miami Beach FL</b>	City & State <b>Miami FL</b>
Zip <b>33141</b>	Country <b>Dade</b>
Zip <b>33144</b>	Country <b>Dade</b>

4. FEI Number <b>59-2169455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**NUNEZ, LUZMARY  
4061 N.W. 5 STREET  
MIAMI FL 33126**

7. Name and Address of New Registered Agent  
Name **LUZMARY NUNEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**8101 BYRON AVE  
Association Office  
Miami Beach FL Zip Code 33144**

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 **LUZMARY NUNEZ** DATE **9/11/01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>ZIADET, CARLOS</b>	STREET ADDRESS <b>3835 W. 8 WAY</b>	CITY-ST-ZIP <b>HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>TD</b>	NAME <b>ALVAREZS, FERNANDO</b>	STREET ADDRESS <b>3840 W. 8 LANE</b>	CITY-ST-ZIP <b>HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>SD</b>	NAME <b>CEPERO, RAFAEL</b>	STREET ADDRESS <b>3830 W. 8 LANE</b>	CITY-ST-ZIP <b>HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PD</b>	NAME <b>Fernando Alvarez</b>	STREET ADDRESS <b>3840 W 8 Lane</b>	CITY-ST-ZIP <b>HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>NATALIA LOPEZ</b>	STREET ADDRESS <b>833 W. 37 TERRACE</b>	CITY-ST-ZIP <b>HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>MARTA C. PEREZ</b>	STREET ADDRESS <b>3755 W. 8 WAY</b>	CITY-ST-ZIP <b>HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**  
**100004697031--4**  
**-11/28/01--01051--0237**  
**\*\*\*\*306.25 \*\*\*\*306.25**

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]** DATE **11/11/01 305.50 4076**

**FILED**  
**01 OCT 30 PM 4:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/99)