

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 746207  
 1. Entity Name

MANGO HILL CONDOMINIUM ASSOCIATION NO. 12 INC.

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 MAY -3 PM 4:21

Principal Place of Business: 3840 WEST 8 LANE, HIALEAH, FL. 33012  
 Mailing Address: AMERICA MGNT & REALTY INC., 2011 WEST 62 STREET, HIALEAH, FL. 33016

2. Principal Place of Business: 3840 West 8 Place, Suite, Apt. #, etc.  
 3. Mailing Address: 2011 WEST 62 STREE, Suite, Apt. #, etc.

City & State: HIALEAH, FL.  
 City & State: HIALEAH, FL.

Zip: 33012, Country: MIAMI DADE  
 Zip: 33016, Country: MIAMI DADE

4. FEI Number: 592169455  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 NUNEZ, LUZMARY  
 8101 BYRON AVENUE ASSOC BOX  
 MIAMI-BEACH, FL. 33141

7. Name and Address of New Registered Agent  
 Name: HENRY HERNANDEZ  
 Street Address (P.O. Box Number is Not Acceptable): 2011 WEST 62 STREET  
 City: HIALEAH, FL.  
 State: FL, Zip Code: 33016

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

4/1/02  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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	PD ALVAREZ, FERNANDO 1100 WEST 45 LANE HIALEAH, FL. 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, NATALIA 833 WEST 37 TERRACE HIALEAH, FL. 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, MARTA C. 3755 WEST 8 WAY HIALEAH, FL. 33012 <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100005598691--2 -05/23/02--01007--012 *****78.00 <input 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
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

CR2E037 (5/01)

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]*

4/1/02

(305) 558-9820