™ NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

JOCUMENT # i. Entity Name

746207

MANGO HILL CONDOMINIUM ASSOCIATION No. 12,

FILED Jul 21, 2003 8:00 am Secretary of State 07-21-2003 90137 043 ****61.25

·	·			∐			
					10110228		
	DO NOT WRITE	IN THIS S	SPACE		e de la seconda second		
2. Principal	Place of Business	3. Mailing Address		4			
814 West 37 Terrace		P.O. Box 440067					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Hialeah, Fl.		City & State Miami, Fl.		4. FEI Number			
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional			
-33012	USA	33144	USA	7. Name and Addr	ess of Current Register	Fee Required	
			Name	,		ea Agent	
	DO NOT W	RITE		- LUIS HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) - 11890 SW 8 Street			
	医性心性性畸形性外侧 有原设计的现象等级点	主席哲学的 医硬性后 医结核 拉叶龙科人	a. er . wii‱ 1				
	IN THIS SE	AUE	Sui	ite 100			
44.7			City	-	F	L Zio Code 33184	
8. The above	named entity submits this statement for	or the purpose of changing	tts registered office or register			- 33104	
المراجعة	17	or the purpose of changing	its registered office of registr	sied agent, or both, th	ine state of Florida.		
2.	Vitalab	_/	the second second		7.50	11/02	
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable //	IOTE: Registered Agent signature requir		07//	16/03	
	organism special production of the state of	and the napplicable.	OTE. registered Agent signature requir	ed when reinstating)	DATE		
	FEE48 \$61.25	9. Election C	Campaign Financing	\$5.00 May Be	Make Chec	k Payable to	
	Initial or Amended UBR		d Contribution.	Added to Fees		ent of State	
40	OFFICERS AND D	7507000	Transition arrestment to to transition to vi-	Annual de Service and an artist of the service and		A COMPANY OF THE SECOND	
10.	OFFICERS AND DI	nECTORS .	TITLE	at Padava da Se. Languaga	Late of Arabic State of the Control		
NAME	CHINEA, Luis		NAME				
STREET ADDRESS			STREET ADDRESS	STREET ADDRESS			
CITY-ST-ZIP	Hialeah, Fl. 330		CITY-ST-ZIP				
TITLE	T/D		eπιε ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	等之,这个 等 合于这么			
NAME	ALVAREZ GUERRA,	NAME	NAME				
STREET ADDRESS CITY-ST-ZIP	8 834 West 37 Terrace Hialeah, Fl. 33012		STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			
TITLE			2 10 1 10 10 10 10 10 10 10 10 10 10 10 1		CONTROL OF THE PARTY OF THE PAR		
NAME	S/D		TITLE NAME				
STREET ADDRESS	GOMEZ, Victor 827 West 37 Terr	STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP	Hiáleah, Fl. 33012		CITY-ST-ZIP	DU.	NOT WRI		
TITLE			TITLE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	CAT SERVED A PROPERTY	HIS SPA		
NAME			NAME	A WIN	mio ofai	الله المال	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY ST-ZIP		The state of the s		
	 		Street Annual Control Street				
TITLE NAME			TITLE NAME				
STREET ADDRESS	,		STREET ADDRESS			. ^	
CITY-ST-ZIP			CITY-ST-ZIP				
THIE			STITLE .			·	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		·	CITY-ST-ZIP				
12 I haraby c	certify that the information complied with	والشائل والمستوارة وأواف والمتالة والمتالة	talante a disease di anno di a				

release 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 on an attachment with an address, with all other like empowered.

SIGNATURE: