

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90020 016 ***150.00

DOCUMENT # P99000057808

1. Entity Name

MANGO WALK, INC.

Principal Place of Business

Mailing Address

**6142 MIRAMAR PARKWAY SUITE A
 MIRAMAR FL 33023**

**6142 MIRAMAR PARKWAY SUITE A
 MIRAMAR FL 33023-0940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

4. FEI Number

65 093 8217

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLISSETT, FRANCES E 90
 16211 NE 10 AVENUE
 N. MIAMI BEACH FL 33162**

Name **CARGILL P. BOYD**

Street Address (P.O. Box Number is Not Acceptable)
6271 NW 58TH WAY

City **PARKLAND**

FL

Zip Code **33067**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCLEARY, JESSICA	
STREET ADDRESS	6142 MIRAMAR PARKWAY SUITE A	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYD, PAT	
STREET ADDRESS	6142 MIRAMAR PARKWAY SUITE A	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROACHE, KEITH	
STREET ADDRESS	6142 MIRAMAR PARKWAY SUITE A	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, EARLE	
STREET ADDRESS	6142 MIRAMAR PARKWAY SUITE A	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	* VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARGILL P. BOYD	
STREET ADDRESS	6271 NW 58TH WAY	
CITY-ST-ZIP	PARKLAND, FL 33067-4443	
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		
TITLE	* VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AND ABOVE IS	
STREET ADDRESS	SAME PERSON	
CITY-ST-ZIP	CARGILL PATRICK BOYD	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cargill P. Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

954 344 8115

Daytime Phone #

CR2E034 (9/99)