

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90049 049 ****61.25

DOCUMENT # 790788

1. Entity Name

THE FLORIDA MANGO FORUM, INC.

Principal Place of Business

18710 S.W. 288 ST
 HOMESTEAD FL 33030
 US

Mailing Address

18710 S.W. 288 ST
 HOMESTEAD FL 33030-2309
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2371820

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

DUREIKO, MARTIN
22361 S.W. 232 ST.
MIAMI FL 33170

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 **CD** ☐ Delete
 NAME **GUZMAN, JUAN**
 STREET ADDRESS **18095 SW 134 COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete
 NAME **GRIFFIN, COLLEEN**
 STREET ADDRESS **14600 SW 200 ST.**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VD** ☐ Delete
 NAME **GROSS, EMIL R.**
 STREET ADDRESS **15901 SW 157TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33187**

TITLE **SD** ☐ Delete
 NAME **ELLENBY, MARC**
 STREET ADDRESS **25250 SW 194 AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **D** ☐ Delete
 NAME **DUREIKO, MARTIN**
 STREET ADDRESS **22361 S.W. 232 ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Colleen Griffin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED COLLEEN GRIFFIN

2/7/00

305-235-2283

Date

Daytime Phone #

CR2E037 (9/99)