

**2001, UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 790788**

1. Entity Name

**THE FLORIDA MANGO FORUM, INC.**

Principal Place of Business

Mailing Address

18710 S.W. 288 ST  
HOMESTEAD FL 33030  
US18710 S.W. 288 ST  
HOMESTEAD FL 33030  
US**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90066 009 \*\*\*\*61.25

**624592**

DO NOT WRITE IN THIS SPACE

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 <b>59-2371820</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**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:**  
**FEES 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	<input type="checkbox"/> Delete
NAME	GUZMAN, JUAN	
STREET ADDRESS	18095 SW 134 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, COLLEEN	
STREET ADDRESS	14600 SW 200 ST.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSS, EMIL R.	
STREET ADDRESS	15901 SW 157TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLENBY, MARC	
STREET ADDRESS	25250 SW 194 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUREIKO, MARTIN	
STREET ADDRESS	22361 S.W. 232 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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*  
**COLLEEN GRIFFIN***2/14/01*  
Date*305-235-2283*  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)