FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am **DOCUMENT # 790788 Secretary of State** 1. Entity Name 01-31-2002 90075 001 ****61.25 THE FLORIDA MANGO FORUM, INC. Principal Place of Business Mailing Address 18710 S.W. 288 ST 18710 S.W. 288 ST UUVAVNUV HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2371820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUREIKO, MARTIN 22361 S.W. 232 ST. MIAMI FL 33170 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/6) CD ☐ Delete TITLE ☐ Addition TITLE GUZMAN, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 18095 SW 134 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI EL ☐ Delete TITLE ☐ Change Addition TITLE PD NAME **GRIFFIN, COLLEEN** NAME STREET ADDRESS STREET ADDRESS 14600 SW 200 ST. CITY-ST-ZIP CITY-ST-ZIP MI<u>AMI FL 33177</u> Change Delete TITLE TITLE Addition ٧D NAME NAME GROSS, EMIL R. 10 SW 250ST STREET ADDRESS STREET ADDRESS 15901 SW 157TH AVENUE CITY-ST-ZIP" CITY-ST-7IP MIAMI_FL_33187 ☐ Delete Change Addition TITLE TITLE NAME ELLENBY, MARC STREET ADDRESS STREET ADDRESS 25250 SW 194 AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete Addition **DUREIKO, MARTIN** NAME NAME STREET ADDRESS STREET ADDRESS 22361 S.W. 232 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 er like empowered. ECOLLEEN GRIFFIN 1/22/02