

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51982

1. Entity Name

PASTON-MANGE ENTERTAINMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90286 029 ***150.00

Principal Place of Business

Mailing Address

C/O SONNY MANGE
911 N.W. 203 STREET
MIAMI FL 33169

C/O SONNY MANGE
911 N.W. 203 STREET
MIAMI FL 33169-2306

2. Principal Place of Business

4140 N.34 avenue

3. Mailing Address

4140 N.34 avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLA

City & State

HOLLYWOOD, FLA

Zip

33021 USA

Zip

33021

Country

USA

4. FEI Number

59-2506609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGE, SONNY
911 N.W. 203 STREET
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
MANGE, SONNY

Street Address (P.O. Box Number is Not Acceptable)

4140 N. 34 AVENUE

City

HOLLYWOOD, FLA.

FL

Zip Code
33021

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

TITLE	C	<input type="checkbox"/> Delete
NAME	MANGIAMELLI, ANGELO	
STREET ADDRESS	911 N.W. 203 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	PASTON, E. RACHELL	
STREET ADDRESS	911 N.W. 203 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MANGE, SONNY	
STREET ADDRESS	911 N.W. 203 ST.	
CITY-ST-ZIP	MIAMI FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	address change of	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGIAMELLI, ANGELO	
STREET ADDRESS	4140 N. 34 AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE	address change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTON, E. RACHELL	
STREET ADDRESS	4140 N. 34 AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	address change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGE, SONNY	
STREET ADDRESS	4140 N. 34 AVENUE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

E. Rachell Paston - E. Rachell Paston - April 27, 2000 - 961-0650

CR2E034 (9/99)