

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K18052

1. Entity Name
MANGUS LANDSCAPE NURSERY, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90004 004 ***550.00

Principal Place of Business

11395 SW 248 ST
P O BOX 4251
PRINCETON FL 33092

Mailing Address

260 CRANDON BLVD
STE 32 BOX 249
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

260 CRANDON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite 49

City & State

Key Biscayne, Florida

Zip

33149

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0090886

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORROTO, WILFREDO
260 CRANDON BLVD.
STE 32- BOX 249
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

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

Suite 49

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)

8-8-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
NAME BORROTO, WILFREDO
STREET ADDRESS 260 CRANDON BLVD., STE 32-BOX 249 49
CITY-ST-ZIP KEY BISCAYNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 supplementary 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00

Date

305-361-6181

Daytime Phone #

CR2E034 (5/00)