

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L64362

1. Entity Name  
MANKIND ENTERPRISES, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90006 013 \*\*\*550.00

Principal Place of Business

TANNING DEN  
SUITE 207  
SARASOTA FL 34239  
US

Mailing Address

2300 BEE RIDGE RD  
2510 PARMA STREET  
SARASOTA FL 34231  
US

2. Principal Place of Business

2300 BEE RIDGE ROAD #207

3. Mailing Address

TANNING DEN

Suite, Apt. #, etc.

SARASOTA, FLA

Suite, Apt. #, etc.

2300 BEE RIDGE RD #207

City & State

SARASOTA, FLA

City & State

SARASOTA, FLA

Zip

34239

Country

USA

Zip

34239

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0190339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENDOLERA, JAMES J.  
2510 PARMA STREET  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

SHIRLEY A. MENDOLERA

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

2510 PARMA ST  
SARASOTA FL 34231

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

*Shirley A. Mendolera*

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 \$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	DP	<input checked="" type="checkbox"/> Delete
NAME	MENDOLERA, JAMES J.	
STREET ADDRESS	2510 PARMA STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MENDOLERA, SHIRLEYA	
STREET ADDRESS	2510 PARMA STREET	
CITY-ST-ZIP	SARASOTA 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

*Shirley A. Mendolera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00  
Date

925-9998  
Daytime Phone #

SHIRLEY A. MENDOLERA

CR2E034 (5/00)