

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000359

1. Entity Name  
MANGIARE NETWORK, L.L.C.

Principal Place of Business  
8239 NW 68TH STREET  
MIAMI FL 33166

Mailing Address  
8239 NW 68TH STREET  
MIAMI FL 33166-2777



2. Principal Place of Business  
1210 WASHINGTON AVE  
Suite, Apt. #, etc. 260

3. Mailing Address  
1210 WASHINGTON AVE  
Suite, Apt. #, etc. 260

MDM.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI BEACH FLORIDA  
Zip 33139 Country USA

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Zip 33139 Country USA

4. FEI Number 65-0888265  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PERUGINI, PAOLO  
800 WEST AVE., APT 815  
MIAMI BEACH FL 33139

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600003239736--0  
-05/04/00--01076--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALICA, GIUSEPPE 2811 INDIAN CREEK DRIVE, APT B MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTIPINO, GIORGIO 16400 COLLINS AVENUE, APT 2645 MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERUGINI, PAOLO 800 WEST AVENUE, APT 815 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCESCO FACILLA 1521 LENOX AVENUE APT 209 MIAMI B. FL 33139 MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PSIGATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-11-00 3056951774  
Date Daytime Phone #

CR2E083 (9/99)