

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90217 024 ****70.00

DOCUMENT # N00000003772

1. Entity Name

MANGO'S OF DADE, INC.

Principal Place of Business

Mailing Address

9 ISLAND AVE #1005
MIAMI BEACH FL 33139

9 ISLAND AVE #1005
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-1018571

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERLINER, ARNOLD
9 ISLAND AVE #1005
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ARNIE BERLINER	MIAMI D
STREET ADDRESS	9 ISLAND AVE #1005	MIAMI BEACH 33139
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	BOB PEYSER	D
STREET ADDRESS	1717 N. BAYSHORE DR #4051	
CITY-ST-ZIP	MIAMI, FL	33132
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BOB PEYSER	D
STREET ADDRESS	1717 N. BAYSHORE DR #4051	
CITY-ST-ZIP	MIAMI, FL	33132
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CHRISTOPHER M. KRON	D
STREET ADDRESS	11924 SW 99 AVE	
CITY-ST-ZIP	MIAMI, FL	33176
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Christopher M. Kron* *1/22/2001* *305-238-9032*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)