

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058508

1. Entity Name
MANGO CORPORATION OF MIAMI

Principal Place of Business
15711 NW 7TH ST
PEMBROKE PINES FL 33028

Mailing Address
15711 NW 7TH ST
PEMBROKE PINES FL 33028

2. Principal Place of Business
15711 NW 7th St.
Suite, Apt. #, etc.

3. Mailing Address
15711 NW 7th St.
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip 33028 Country USA

City & State
Pembroke Pines, FL
Zip 33028 Country USA

4. FEI Number
65-1012448

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TODD, STACY
15711 NW 7TH ST
PEMBROKE PINES FL 33028

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 *Stacy Todd* DATE 4/25/01
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, STACY		NAME		
STREET ADDRESS	15711 NW 7TH ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albertina Gonzalez		NAME		
STREET ADDRESS	11870 SW 168 TERR		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33177		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Stacy Todd* DATE 4/25/01 (305) 962-7472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-18-2001 90014 015 ***150.00

76606



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
Doc# P00000058508
LESLIE E. DOLIN PA, CPA *76606*

5285 SW 38 AVE.
FT. LAUDERDALE, FL 33312

Phone 954-965-4666
Fax 954-965-4665

July 5, 2000

Secretary Of State
P.O Box 6327
Tallahassee, FL 32314

Re: Mango Corporation Of Miami, Inc. #P00000058508

Dear Sirs:

I am writing on behalf of my client indicated above. This report was filed on time, but omitted the titles of the two owners in box 11 of the report. The appropriate information is herewith provided.

Your letter of May 30, 2001 stated that the missing information needed to be returned to you in 30 days to avoid the assessment of the \$400 late fee. Please be advised my client was out of Florida for the entire month of June, and did not receive any of her mail for that period until she returned on July 1. Due to the fact that the report was timely filed, that the error was inadvertent and unintentional, and that my client did not receive this notice until after the 30 day period, will you kindly consider waiving the assessment of this penalty.

Will you please notify the corporation directly of your determination in this matter. If you need any further information, please contact Stacy A. Todd, the corporation president at 305-962-7472 or myself.

I thank you very much for your kindness and consideration in this matter.

Very truly yours,



LESLIE E. DOLIN, CPA

Attachment
Doc # P00000058508
76606



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2001

MANGO CORPORATION OF MIAMI
15711 NW 7TH ST
PEMBROKE PINES, FL 33028 US

Subject: MANGO CORPORATION OF MIAMI

Reference Number: P00000058508

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/pr
ANNUAL REPORTS SECTION