

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90012 037 \*\*\*150.00

DOCUMENT # P010000000931 ✓

1. Entity Name

MANDY CORPORATION

**DO NOT WRITE IN THIS SPACE**

00000464

2. Principal Place of Business

944 E. 25th St.

3. Mailing Address

944 E. 25th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hialeah, FL

City & State

4. FEI Number  
65-1072973

Applied For  
Not Applicable

Zip  
33013-3404

Country  
Dade

Zip  
33013-3404

Country  
Dade

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Orlando Gonzalez

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

1215 W. 80 St.

City Hialeah, FL Zip Code 33014

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
P.  
Gonzalez, Armando  
STREET ADDRESS  
4452 SW 14th St.  
CITY-ST-ZIP  
MIAMI, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
S  
Gonzalez, Orlando  
STREET ADDRESS  
1215 W. 80 St.  
CITY-ST-ZIP  
Hialeah, FL 33014

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2002

Date

(305) 558-8800

Daytime Phone #

CR2E034B (12/01)