

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90017 006 \*\*\*158.75

0326298 AV

**DOCUMENT # P01000056468**

1. Entity Name

**MANGO PLACE TOWNHOMES, INC.**

Principal Place of Business

Mailing Address

**7099 EAST TROPICAL WAY  
PLANTATION FL 33317**

**7099 EAST TROPICAL WAY  
PLANTATION FL 33317**

2. Principal Place of Business

**1220 Danbury Ave**

Suite, Apt. #, etc.

3. Mailing Address

**1220 Danbury Ave**

Suite, Apt. #, etc.

City & State

**Davie, FL**

City & State

**Davie, FL**

Zip

**33325**

Country

**U.S.A.**

Zip

**33325**

Country

**U.S.A.**

4. FEI Number

**65-1112994**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEGRAVES, KATHRINE E  
7099 EAST TROPICAL WAY  
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **Frank Guerrieri**  
Street Address (P.O. Box Number is Not Acceptable)  
**14340 Arlington Place**  
City **Davie, FL** Zip Code **33325**

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

*Frank Guerrieri*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/8/02**

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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEGRAVES, KATHRINE E</b>	
STREET ADDRESS	<b>7099 EAST TROPICAL WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIRAVO, ANTHONY</b>	
STREET ADDRESS	<b>14300 ARLINGTON PLACE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRIERI, DANIEL</b>	
STREET ADDRESS	<b>1220 DANBURY AVENUE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUERRIERI, FRANK</b>	
STREET ADDRESS	<b>14340 ARLINGTON PLACE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	
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		

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

*Frank Guerrieri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAID

Date

Daytime Phone #

**1/8/02 (954) 473-5272**

CR2E034 (9/01)