

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000093242**

1. Entity Name

MANGONET COMMUNICATIONS, INC.

Principal Place of Business

**6015 TOWN COLONY DR.
STE. 313
BOCA RATON FL 33433-1901**

Mailing Address

**6015 TOWN COLONY DR.
STE. 313
BOCA RATON FL 33433-1901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0636098

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

RODRIGUEZ, MIKE**6015 TOWN COLONY DR.****STE. 313****BOCA RATON FL 33433-1901**

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

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P			<input type="checkbox"/> Delete	
	RODRIGUEZ, MIKE				
	6015 TOWN COLONY DR. STE. 313				
	BOCA RATON FL 33433-1901				
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Rodriguez

Date

2-13-01

Daytime Phone #

561-477-5277

0306209

CR2E034 (10/00)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90029 017 ***150.00

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DO NOT WRITE IN THIS SPACE