

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90074 001 \*\*\*150.00  
07-13-2000 90074 002 \*\*\*\*\*8.75

DOCUMENT # P96000079637

1. Entity Name

MANGOTECH, INC.

Principal Place of Business

4815 E BUSCH BLVD  
STE 204  
TAMPA FL 33617  
US

Mailing Address

4815 E BUSCH BLVD  
STE 204  
TAMPA FL 33617-6091  
US

2. Principal Place of Business

2805 W. BUSCH BLVD  
Suite, Apt. #, etc.  
222

3. Mailing Address

2805 W. BUSCH BLVD  
Suite, Apt. #, etc.  
222

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-3404868

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JORGENSEN, SCOTT E  
209 E DAVIS BLVD  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Anil Patibandla

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

6128 Coral Bay Road

City

Tampa,

FL

Zip Code

33647

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

*Anil Patibandla*

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

(NOTE: Registered Agent signature required when reinstating)

7/16/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	JORGENSEN, SCOTT E	
STREET ADDRESS	306 DANUBE AVE #1	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATIBANDLA, ANIL	
STREET ADDRESS	14535 BRUCE B DOWNS APT #1825	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEMANI, BALA	
STREET ADDRESS	7501 ULMERTON RD APT 214	
CITY-ST-ZIP	LARGO FL 33771	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anil Patibandla	
STREET ADDRESS	6128 Coral Bay Road	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bala Nemani	
STREET ADDRESS	10020 Stratford Oaks #901	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Secretary-Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anil Nemani	
STREET ADDRESS	10020 Stratford Oaks #901	
CITY-ST-ZIP	Tampa, FL 33624	
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
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:

*Anil Patibandla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/00

Date

930-9320

Daytime Phone #

DOC# P96000079637

18351

**PHILIP R. LAZZARA, P.A.**

*Attorney at Law*

307 S. BOULEVARD # SUITE D.

TAMPA, FLORIDA 33606

813/251-0763

FACSIMILE 813./251-0958

July 7, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Mango Tech, Inc.**

Dear Sir or Madam:

I represent Mango Tech, Inc. I am enclosing herewith my client's 2000 Uniform Business Report, together with my trust account checks for \$150.00 for the annual fee and a separate check for \$8.75 for a Certificate of Status.

You will note that the principal place of business and the mailing address for the corporation were shown as 4815 E. Busch Blvd., Suite 204, Tampa, Florida 33617. My client moved its place of business and the current principal place of business and mailing address is 2805 W. Busch Blvd., Suite 222, Tampa, Florida 33618. Because of the difference in the address, my client did not receive the corporate annual report in sufficient time within which to file it prior to May 1. Accordingly, I would request that you accept this letter in support of my client's request that the annual report be filed at this time and that any late fees be waived.

Thank you for your cooperation and assistance. I am enclosing a self-addressed envelope for you in order to return the Certificate of Status.

Very truly yours,

~~P96000079637~~

*Philip R. Lazzara*

Philip R. Lazzara

PRL/mp

Encl: 2000 Uniform Business Report

Check for \$150.00

Check for \$8.75

Self-addressed envelope

cc: Anil Patibandla