

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

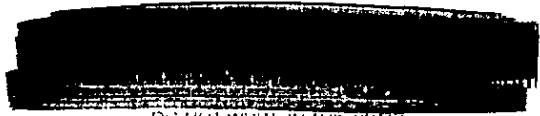
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DOCUMENT # P96000100736

Entity Name: MANGO COMPANY

Principal Place of Business: 77th SW Ave, Ste. 209, Miami FL 33156, US

Mailing Address: 9990 SW 77th Ave, Ste. 209, Miami FL 33156, US



Principal Place of Business: [Blank]

3. Mailing Address: [Blank]

Suite, Apt. #, etc.: [Blank]

City & State: [Blank]

4. FEI Number: 65-0739816

Applied For: [Blank]

Not Applicable: [Blank]

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

Country: [Blank] Zip: [Blank] Country: [Blank]

6. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
100 SE 2nd STREET
17th FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: [Blank]

Street Address (P.O. Box Number, if that is applicable): [Blank]

City: [Blank] Zip Code: [Blank]

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Is corporation eligible to satisfy its intangible filing requirement and elects to do so. (see criteria on back)

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<u>P BARBOZA, PATRICIA M.</u> <u>9260 SW 141st STREET</u> <u>MIAMI FL 33188</u> <u>VP</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<u>MEMINI, EDMO A.</u> <u>9260 SW 141st STREET</u> <u>MIAMI FL 33158</u>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 stated 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 of this report, or on an attachment with an address, with all other like empowered.

Edmo Alves Memini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000 (305) 598 7558
 Date Phone

EDMO ALVES MEMINI

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