May 28, 2002 8:00 am
Secretary of State
05-28-2002 91750 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100736

1. Entity Name
MANGO COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8260 SW 141st Street	8650 SW 67 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT 1021
City & State MIAMI - FL	City & State MIAMI FL
Zip 33158 Country USA	Zip 33143 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0739816 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name ~~FRIEDHOFF, JOHN H~~

Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd STREET 17th FLOOR

City MIAMI FL Zip Code 33131

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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	P
NAME	BARBOZA, PATRICIA M.
STREET ADDRESS	8260 SW 141st Street
CITY-ST-ZIP	MIAMI FL 33158
TITLE	VP
NAME	MENINI, EDMO A.
STREET ADDRESS	8260 SW 141st Street
CITY-ST-ZIP	MIAMI FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Edmo Alves Menini - EDMO ALVES MENINI 04/25/2002 (786) 268 2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #