

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90004 043 \*\*\*158.75

<b>DOCUMENT # P97000092235</b>			
1. Entity Name <b>MANGIACOTTI &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>5749 NW 101 WAY CORAL SPRINGS FL 33076</b>		Mailing Address <b>5749 NW 101 WAY CORAL SPRINGS FL 33076</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MANGIACOTTI, WALTER 5749 NW 101 WAY CORAL SPRINGS FL 33076</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Walter Mangiacotti</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/06/01</u>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>MANGIACOTTI, WALTER</b> STREET ADDRESS <b>5749 NW 101 WAY</b> CITY-ST-ZIP <b>CORAL SPRINGS FL 33076</b>		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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete 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: <u>Walter Mangiacotti</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/06/01</u> Daytime Phone # <u>(954) 341-0640</u>	

**C0002753**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0798970** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (10/00)