

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90056 035 \*\*\*150.00

**DOCUMENT # P98000068292**

1. Entity Name

**MONGOOSE ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8454 SOUTH CORAL CIRCLE  
 NORTH LAUDERDALE FL 33068

8454 SOUTH CORAL CIRCLE  
 NORTH LAUDERDALE FL 33068-4125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0857719**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**YEARWOOD, REGINALD G**  
**8454 SOUTH CORAL CIRCLE**  
**NORTH LAUDERDALE FL 33068**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP  
 NAME: YEARWOOD, REGINALD G  
 STREET ADDRESS: 8454 SOUTH CORAL CIRCLE  
 CITY-ST-ZIP: NORTH LAUDERDALE FL 33068  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VPD  
 NAME: YEARWOOD, CATHY L  
 STREET ADDRESS: 8454 SOUTH CORAL CIRCLE  
 CITY-ST-ZIP: NORTH LAUDERDALE FL 33068  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete

TITLE:  Change  Addition

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: *Reginald G Yearwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINALD G YEARWOOD

3/10/2000

DATE

561-547-9333

DAYTIME PHONE #