2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 68292 May $2\overline{1}$, 2001 8:00 am Secretary of State MONGOOSE ENTERPRISES, INC. 05-21-2001 90356 027 ***158.75 Principal Place of Business 8454 S. Coral Cir. 8454 S. CoratCir. N. Lauderdale, FL 33068 N. Lauderdale, FL 33068 769084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65.085771 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Yearwood, Reginal OG. 8454 S. Coral Circle Street Address (P.O. Box Number is Not Acceptable) N. Lauderdale, FL. 33068 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 19 3150:00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fe (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE ☐ Delete ☐ Change ☐ Addition Jearwood, Reginal OG. 8454 S. Coral Circle MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33068 auderdale ☐ Addition ☐ Delete ☐ Change Yearwood, Cathy L. 8454 5. Coral. Circle NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 330<u>68</u> CITY-ST-72P ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME HALE STREET ADORESS STREET ADDRESS CITY-ST-70 CITY-ST-7IP ☐ Delete MLE ☐ Chance ☐ Addition MAKE NAME STREET ADDRESS STREET ADORESS CFTY-ST-ZBP CITY-ST-ZEP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. REFINALUE VALUES ALWOND 4/13/20/ 56/-7/9-7867 SIGNATURE: LO SIGNATURE AND TYPED OR PRINTED MAME OF SIGN