

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071299

1. Entity Name

FLORIDA MANGO CORPORATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90033 048 ***150.00

Principal Place of Business

1923 LAUREL LANE
WEST PALM BEACH FL 33406

Mailing Address

1923 LAUREL LANE
WEST PALM BEACH FL 33406-6745

2. Principal Place of Business

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33175

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33175

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0860271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, OSVALDO
1923 LAUREL LANE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

MIAMI;

FL

Zip Code

33175

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, OSVALDO | |
| STREET ADDRESS | 1923 LAUREL LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | PANEQUE, ELIZABETH | |
| STREET ADDRESS | 1923 LAUREL LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 14341 SW. 38th | |
| CITY-ST-ZIP | MIAMI, FL 33175 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 14341 S.W. 38th | |
| CITY-ST-ZIP | MIAMI, FL 33175 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00.

Date

Daytime Phone #

CR2E034 (9/99)