2000 UNIFORM BUSINESS REPORT (UBR)

*** 9/18/00-90147-030-\$150.00-\$150.00** DOCUMENT # P99000024050 Fri.EU 1. Entity Name THURE TARY OF STATE MANDINGO ENTERPRISES OF THE TREASURE COAST, INC. : MISION OF CORPORATION-00 OCT 18 PM 3: 36 Principal Place of Business PORT ST. LUCIE FL 3005 34952 PORT ST. LUCIE FL 3005 34952 いいていますやす 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0895184 City & State City & State Applied For Not Applicable Zip Country Country 5. Certificate of Status Desired ----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RASKI, CAROLINE RASKI, CAROLINE 1407 VILLAGE GREEN D. Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 3985 City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. entity submits this statement for, 8. The above name: SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Tris corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/00) Addition ☐ Change TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE MILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-71P Delete ☐ Change ☐ Addition TITLE TITS F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate anothat by 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: Daytime Phone

4/26/00-90184-002-\$150.00-\$150.00

THE TAX SHOPPE

932 SW Bayshore Blvd. Port St. Lucie, FL 34983 (561) 879-2895 (561) 879-2894 Fax

Email: taxshoppe@efsc-fl.com http://www.efsc-fl.com/taxshoppe.htm

September 12, 2000

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Mandingo Enterprises of the Treasure Coast, Inc.

Dear Sirs:

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Enclosed you will find correspondence our client receive. Please be advised that the reason this information was sent to your office late, was that the original documents were mailed to an incorrect mailing address. Upon receipt, they were mailed in promptly from the correct mailing address below.

c/o Caroline Raski 1407 Village Green Drive Port St Lucie, FL 34952

Please correct your records with this mailing address. Further, the owner requests relief of the additional fees due to the error. Please contact our office or their office directly with your decision.

We look forward to your favorable response.

The Tax Shoppe

Attachment # P9900024050 co 107131.

cc:

Mandingo Enterprises of the Treasure Coast, Inc. c/o Caroline Raski
1407 Village Green Drive
Port St Lucie, FL 34952

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