FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90493 032 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048838

1. Entity Name
MANDY'S ENTERPRISE INC.

770314

[redacted]

Principal Place of Business
9372 SW 154TH AVENUE
MIAMI FL 33196

815 S. W. 28th St.
Fort Lauderdale Fl. 33115

Mailing Address
9372 SW 154TH AVENUE
MIAMI FL 33196-1140

2. Principal Place of Business | 3. Mailing Address | City & State | Zip | Country | Zip | Country

4. FEI Number
65-0933193

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

6. Name and Address of Current Registered Agent
ARCE, ARMANDO
9372 SW 154TH AVENUE
MIAMI FL 33196

7. Name and Address of New Registered Agent
Name: ARMANDO ARCE
Street Address (P.O. Box Number is Not Acceptable): 815 S. W. 38th St.
Fort Lauderdale Fl 33115
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] Armando Arce 04/11/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARCE, ARMANDO 9372 SW 154TH AVENUE MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Armando Arce 815 S. W. 28th St. Fort Lauderdale Fl. 33115	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 REQUIRED [signature] 04/11/[illegible]