

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000048838**

1. Entity Name

MANDY'S ENTERPRISE INC.

FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

835 S. W. 14th Street

Suite, Apt., etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
FORT LAUDERDALE FL.

4. FEI Number

65-0933193

Applied For

Not Applicable

Zip

Country

Zip

Country

33315

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ARMANDO ARCE

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

815 S- W. 14th St.

FORT LAUDERDALE FL.

City

FORT LAUDERDALE

FL

Zip Code

33315

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/09/2003

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so: ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **10**
NAME
STREET ADDRESS
CITY-ST-ZIP
ARMANDO ARCE
835 S. W. 14th Street
FORT LAUDERDALE FL. 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100019679171
05/21/03-01047-004-##150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100019679171
05/21/03-01047-005-##150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

ARMANDO ARCE
PRESIDENT

03-09/2003

954-766- 2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

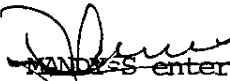
05-12-2003 .

FLORIDA DEPARTMENT OF STATE
CORP. DIVISION .
TALLAHASSEE F. 32314 .

Please find enclosed herewith 2 checks for \$150. each
as per your request .

Also be advised that last year we never received the
form reason why we sent the check without for,
Will you please be so kind in the future to send us
the form for the ANUAL REPORT .

Respectfully yours


~~MANDASS~~ enterprise INC.
President.