2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State DOCUMENT # P99000057808 1. Entity Name MANGO WALK, INC. 03-10-2000 90020 016 ***150.00 Principal Place of Business Mailing Address 6142 MIRAMAR PARKWAY SUITE A 9142 MIRAMAR PARKWAY SUITE A MIRAMAR FL 33023 MIRAMAR Ft. 33023-3940 3. Mailing Address 2. Principal Place of Business 6271 NW 5874 WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PARKLAND FL 65 093 BZ17 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33067 Fee Required -H-2-H 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARGILL Street Address (P.O. Box Number is Not Acceptable BLISSETT, FRANCES E SQ 16211 NE 10 AVENUE N. MIAMI BEACH FL-99162 Zip Code <u> 30</u>67 ARKLAND 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 . DATE OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition PD TITLE Change TITLE ☐ Delete NAME NAME MCLEARY, JESSICA STREET ADDRESS STREET ADDRESS 6142 MIRAMAR PARKWAY SUITE A CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 Addition Delete TITI F TITLE CARGILL P. BOYD NAME BOYD, PAT LETI MW 58TH WAY STREET ADDRESS STREET ADDRESS 6142 MIRAMAR PARKWAY SUITE A CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 TITLE ☐ Defete TITLE NAME NAME ROACHE, KEITH STREET ADDRESS STREET ADDRESS 6142 MIRAMAR PARKWAY SUITE A CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change ■ Addition TITLE TD Delete TITLE NAME **BROWN, EARLE** NAME STREET ADDRESS STREET ADDRESS 6142 MIRAMAR PARKWAY SUITE A CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change TITLE Delete TITLE Addition NAME 3M4M STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ND ABOVE IS ☐ Delete TITLE Change Addition TITLE NAME NAME SAME PERSON STREET ADDRESS STREET ADDRESS

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 is 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARGILL

CR2E034 (9/99)