2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065050

1. Entity Name

MANGIAMO, INC.

05-14-2002 90081 001 ***600.00

FILED P99000065050

02 MAY 22 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address
1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
1200 Brickell Ave			
Suite, Apt. #, etc. Suite # 900		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country U.S.A	Zip	Country

4. FEI Numbe 65-0935057 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name AGI Registered Agents, Inc

Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave. Suite 900

City Miami FL Zip Code 33131

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, 2002 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Pacheco Garcia, Carlos F.		NAME		
STREET ADDRESS	1200 Brickell Ave., Suite 900		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

5/22

13. I hereby certify that [illegible] Florida Statutes. [illegible]

SIGNATURE: ______________________ 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR