2000 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2000 8:00 am Secretary of State 04-20-2000 90098 012 ***150.00

DOCUMENT #	P99000079220
1 Entity Name	

MANDIX INC.

	<u> </u>			_	04-20-	2000 90098 01	12 130.	.00	
Principal Place	of Business	Mailing Address	<u>-</u>						
4314 E. FLETCH TAMPA FL 3361	IER AVESTE.21 3	4314 E. FLETCHER AVESTE.21 TAMPA FL 33613-4909							
					1 (82)(88) (12 12)(8 (8)(1 8)	!!! 1		13 12	
2. Principal Place of Business 2601 BANYON COURT 3. Mailing Address 2601 BANYON COURT			URT						
Suite, Apt. #, etc. 33B		В		DO NO	T WRITE IN THIS S	iPACE			
City & State	TAMPA, FL	City & State	FL		. FEI Number 59 – 359	5860	Apı	plied For Applicable	
Zip 3 3	613 Country 4		Country USA	5	. Certificate of Status Des		\$8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent		7.	. Name and Address of	New Registered A	gent		
				MAHMUDUL					
HAQ, MAHMUDUL 4314 E. FLETCHER AVE.,STE.21			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	PA FL 33613		26	01	BANYON	COUR			
			City	TA N	1PA	<u>FL</u>	Zip Code	613	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or	registered a	agent, or both, in the State	e of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if Applicable. (NOTE: Reg	gistered Agent signati	ire required whe	en reinstating)	4/14/0	0		
. ,		, ()							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to D			Fee will be \$5	50.00	10. Election Campa Trust Fund Cont			May Be to Fees	
11.	OFFICERS AND [DIRECTORS	12.		ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TITLE	PD			Change	☐ Addition	
NAME STREET ADDRESS	MAHMUDUL, HAQ 4314 E. FLETCHER AVE.,STE.21		NAME STREET ADDRESS	MA	HMUDUL I I BANYON	HACL	:33B		
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP	TAI	MPA FL 3	33613 (JS A		
TITLE	VD	☐ Delete	TITLE	VD.	,	, .	Change	Addition	
NAME	MAHMUD, DILRUBA D		NAME	MAI	HMUD, DIL	RUBA D			
STREET ADDRESS	4314 E. FLETCHER AVE.,STE.21		STREET ADDRESS CITY-ST-ZIP	2601	I BANYON'	COURT =	#338		
CITY-ST-ZIP	TAMPA FL 33613	Delete	TITLE	<u> </u>	MPA FL	36/3	<i>U≲A</i> ☐ Change	☐ Addition	
TITLE NAME		Li Delete	NAME	ļ					
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		<u>.</u>		☐ Change	Addition	
NAME		1	NAME	1				l	
STREET ADDRESS		Į.	STREET ADDRESS		•				
CITY-ST-ZIP			CITY-ST-ZIP	I				(

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition