

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90052 008 ***150.00

DOCUMENT # P99000079220

1. Entity Name
MANDIX INC.

Principal Place of Business 2601 BANYON COURT 33B TAMPA FL 33613	Mailing Address 2601 BANYON COURT 33B TAMPA FL 33613
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13101 HEATHER Suite, Apt. #, etc. MOSS DRIVE # 907 City & State ORLANDO, FL	3. Mailing Address 13101 HEATHER MOSS DRIVE Suite, Apt. #, etc. # 907 City & State ORLANDO, FL
---	---

4. FEI Number 59-3595860	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip 32837-5539 Country USA	Zip 32837-5539 Country USA
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**HAQ, MAHMUDUL
 2601 BANYON COURT # 33B
 TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name **HAQ MAHMUDUL**

Street Address (P.O. Box Number is Not Acceptable)
13101 HEATHER MOSS DRIVE # 907

City **ORLANDO** FL Zip Code **32837**

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 *Maahudty* DATE **4-8-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHMUDUL, HAQ 2601 BANYON COURT #33B TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAHMUD, DILRUBA D 2601 BANYON COURT #33B TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHMUDUL HAQ 13101 HEATHER MOSS DRIVE # 907 ORLANDO, FL 32837-5539, USA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAHMUD, DILRUBA D 13101 HEATHER MOSS DRIVE # 907 ORLANDO, FL 32837-5539, USA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maahudty* DATE: **4-8-01** DAYTIME PHONE #: **407-855-3702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)