

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

2. Principal Place of Business

13101 HEATHER
Suite, Apt. #, etc. MOSS DRIVE
907

3. Mailing Address

13101 HEATHER MOSS DRIVE
Suite, Apt. #, etc. # 907

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837-5539

Country

USA

Zip

32837-5539

Country

USA

4. FEI Number

59-3595860

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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

Mahmud

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHMUDUL, HAQ	
STREET ADDRESS	13101 HEATHER MOSS DRIVE # 907	
CITY-ST-ZIP	ORLANDO, FL 32837-5539, USA	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHMUD, DILRUBA D	
STREET ADDRESS	13101 HEATHER MOSS DRIVE # 907	
CITY-ST-ZIP	ORLANDO, FL 32837-5539, USA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01 407-855-3702

Date

Daytime Phone #

CR2E034 (10/00)