

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006591 AF

DOCUMENT # L99000001688

1. Entity Name  
ANGEL CHIPS, LLC

MAY 25 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7040 WEST PALMETTO PARK ROAD. #4. STE 397  
BOCA RATON FL 33433

Mailing Address  
7040 WEST PALMETTO PARK ROAD. #4. STE 397  
BOCA RATON FL 33433-3483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUKOWSKI, KATHERINE E  
6730 CANARY PALM CIRCLE  
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SWEETS, TREATS AND MORE, INC.  
4400 W. HILLSBORO BLVD., STE 9  
COCONUT CREEK FL 33073

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
IMAGINE THAT...A CREATIVE MARKETING COMPA  
1051 SW 19TH STREET  
BOCA RATON FL 33486

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200003291488  
-06/15/00-01073-014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Katherine E Zukowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/00 954-570-7247  
Date Daytime Phone #

CR2E083 (9/99)