NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 18 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02361

1. Entity Name
ANGIE I CONDOMINIUM ASSOC, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1311 W. 44 ST #C
Suite, Apt. #, etc.
City & State: HIALEAH, FL
Zip: 33012 Country: USA

3. Mailing Address
1311 W 44 ST #C
Suite, Apt. #, etc.
City & State: HIALEAH, FL
Zip: 33012 Country: USA

2003 AMENDED

4. FEI Number
56-2317439
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: LUIS A. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
1311 W. 44 ST #C
City: HIALEAH, FL 33012 **FL** Zip Code: 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] LUIS A. RODRIGUEZ, PRESIDENT 08/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUIS A. RODRIGUEZ 1311 W 44 ST #C HIALEAH, FL 33012	(P)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAMASO ECHEMENDIA 1311 W 44 ST #D HIALEAH, FL 33012	(V/T)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ZOILA SANCHEZ 1311 W. 44 ST #B HIALEAH, FL 33012	(S)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVELIO MADRUGA 1311 W. 44 ST #A HIALEAH, FL 33012	(S)
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CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUIS A. RODRIGUEZ PRESIDENT