

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47148

1. Entity Name

ANGEL LOVE CHILDREN CORPORATION

Principal Place of Business

Mailing Address

28655 SW 153RD AVE., APT. 202
MIAMI DADE
HOMESTEAD FL 33033

28655 SW 153RD AVE., APT. 202
MIAMI DADE
HOMESTEAD FL 33033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0310463

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENDIC, ANGELO
28655 SW 153RD AVE.
#202
HOMESTEAD (MIAMI DADE) FL 33033

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LENDIC, ANGELO	7904 WEST DRIVE, #606	NO. BAY VILLAGE FL 33141	<input type="checkbox"/>
VPD	SANTIBANEZ, EUGENE DR.	28300 S W 152ND AVENUE	HOMESTEAD FL 33033	<input type="checkbox"/>
VTD	OTERO, TERESA	527 E. 9TH STREET, SUITE 7	HIACLEAH FL	<input type="checkbox"/>
SD	PORTOCARRERO, MARIELA	760 NW 112 ST.	MIAMI FL 33168	<input type="checkbox"/>
VD	MARQUEZ, SUSAN	8251 SEDGEWYTEK CIRCLE WEST	DAVIE FL 33331	<input checked="" type="checkbox"/>
VD	DIAZ, GERARDO A PASTOR	7721 SW 19ST	MIAMI FL 33155	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VMD	GONZALEZ, PEDRO A	6614 W CAMPBELL	TAMPA FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.D	DIAZ, CARLOS	82831 S W 123 AVE	MIAMI FL 33032	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 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

March 19, 2001

Date

Daytime Phone #

CR2E037 (10/00)