

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90044 012 ****61.25

DOCUMENT # N47148

1. Entity Name

ANGEL LOVE CHILDREN CORPORATION

Principal Place of Business

Mailing Address

22831 SW 123 RD AVE.
 (GOULDS)
 MIAMI FL 33170

22831 SW 123 RD AVE.
 (GOULDS)
 MIAMI FL 33170

2. Principal Place of Business

3. Mailing Address

1423 Coolidge St.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

4. FEI Number

65-0310463

Applied For

Not Applicable

ZIP
33020

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

Angelica Lentic

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

1423 Coolidge St.

City

Hollywood

FL

Zip Code

33020

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

Angelica Lentic VPD

2/20/02

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 Delete
 NAME **PD LENDIC, ANGELO**
 STREET ADDRESS **7904 WEST DRIVE, #606**
 CITY-ST-ZIP **NO. BAY VILLAGE FL 33141**

TITLE Change Addition
 NAME **VPD Angelica Lentic**
 STREET ADDRESS **1423 Coolidge St.**
 CITY-ST-ZIP **Hollywood, FL 33020**

TITLE Delete
 NAME **VPD SANTIBANEZ, EUGENE DR.**
 STREET ADDRESS **28300 S W 152ND AVENUE**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VTD OTERO, TERESA**
 STREET ADDRESS **527 E. 9TH STREET, SUITE 7**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD PORTOCARRERO, MARIELA**
 STREET ADDRESS **760 NW 112 ST.**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VMD GONZALEZ, PEDRO R**
 STREET ADDRESS **6816 N. CAMERON**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD DIAZ, CARLOS**
 STREET ADDRESS **22831 S.W. 123 AVE.**
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Angelica Lentic 2/20/02 954/920.7936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)