


4004 AR

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

0018910

DOCUMENT # N47148

1. Entity Name
~~ANGEL LOVE CHILDREN CORPORATION~~



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -1 AM 8:00

Principal Place of Business
1423 COOLIDGE STREET
HOLLYWOOD FL 33020

Mailing Address
1423 COOLIDGE STREET
HOLLYWOOD FL 33020

2. Principal Place of Business
8253 Cozumel lane

3. Mailing Address
8253 Cozumel lane

Suite, Apt. #, etc.

City & State
Wellington FL 33414

City & State
Wellington FL 33414

Zip
33414

Country

Zip
33414

Country

4. FEI Number 65-0310463

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES MRD

6. Name and Address of Current Registered Agent

LENDIC, ANGELICA
1423 COOLIDGE STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
CARMEN M. CRUZ

Street Address (P.O. Box Number is Not Acceptable)
8253 COZUMEL LANE

WELLINGTON

City
WELLINGTON FL

Zip Code
33414

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 Carmen M. Cruz (CARMEN M. CRUZ) 2/23/04

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	LENDIC, ANGELO 7904 WEST DRIVE, #606 NO. BAY VILLAGE FL 33141	TITLE VPD	VPD Carmen M. Cruz 8253 Cozumel lane Wellington, FL 33414
TITLE VP	LENDIC, ANGELICA 1423 COOLIDGE STREET HOLLYWOOD FL 33020	TITLE V.P.M	Betsy Lopez 900 NW. 80th Terrace Margate, FL 33063
TITLE VTD	OTERO, TERESA 527 E. 9TH STREET, SUITE 7 HALEAH FL	TITLE VPD	V.P.D VALENTIN, Hernandez 761 N.W. 107 St MIAMI - 33168 FLA.
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	LENDIC, Angelica
TITLE NAME		TITLE NAME	MARIELA PANIASUA

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: VPD Angelo Lendi 2/23/04 561-514-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)