

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 19, 2000 8:00 am
Secretary of State

05-03-2000 90011 037 ****61.25

1. Entity Name

SHARLENE'S ANGELS ON EARTH INC.

Principal Place of Business

4610 SW 25TH ST.
 HOLLYWOOD FL 33023

Mailing Address

4610 SW 25TH ST.
 HOLLYWOOD FL 33023-4306

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

05-0957335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUMM, SHARLENE
 4610 SW 25TH ST.
 HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

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

Sharlene Humm *Sharlene Humm*

4/22/00

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

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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

TITLE	<i>Chief Executive Officer</i>	<input type="checkbox"/> Delete
NAME	<i>Sharlene Humm</i>	
STREET ADDRESS	<i>4610 SW 25th St</i>	
CITY-ST-ZIP	<i>Hollywood FL 33023</i>	
TITLE	<i>Exec Director</i>	<input type="checkbox"/> Delete
NAME	<i>Dorinda Gomez</i>	
STREET ADDRESS	<i>318 Arizona St</i>	
CITY-ST-ZIP	<i>Hollywood FL</i>	
TITLE	<i>Exe. Director</i>	<input type="checkbox"/> Delete
NAME	<i>Robert Levy</i>	
STREET ADDRESS	<i>4610 SW 25th St</i>	
CITY-ST-ZIP	<i>Hollywood FL 33023</i>	
TITLE	<i>Exec Director</i>	<input type="checkbox"/> Delete
NAME	<i>Jennifer Beaudry</i>	
STREET ADDRESS	<i>4610 SW 25th St</i>	
CITY-ST-ZIP	<i>Hollywood FL 33023</i>	
TITLE	<i>Exe Director</i>	<input type="checkbox"/> Delete
NAME	<i>Debbie Maddoff</i>	
STREET ADDRESS	<i>P.O. Box 22501</i>	
CITY-ST-ZIP	<i>FL 33023</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sharlene Humm *Sharlene Humm* *4/22/00* *954-981-5016*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)