

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90121 007 ****61.25

DOCUMENT # N99000006369

1. Entity Name
SHARLENE'S ANGELS ON EARTH INC.



Principal Place of Business Mailing Address

**4610 SW 25TH ST.
 HOLLYWOOD FL 33023** **4610 SW 25TH ST.
 HOLLYWOOD FL 33023**

A0076394



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

4600 SW 26th St **4600 SW 26th St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State: **Hollywood FL** City & State: **Hollywood FL**

Zip: **33023** Country: **Broward** Zip: **33023** Country: **Broward**

4. FEI Number **65-0957335** Applied For
 Not Applicable

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

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* DATE: **7/03/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMM, SHARLENE	NAME	
STREET ADDRESS	4610 SW 25TH ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, DONNA	NAME	
STREET ADDRESS	318 AMUNA ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ROBERT	NAME	
STREET ADDRESS	4610 SW 25TH ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUPIED, JENNIFER	NAME	
STREET ADDRESS	4610 SW 25TH ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSOFF, DEBLEE	NAME	
STREET ADDRESS	PO BOX 22501	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33335	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* DATE: **7/03/01** DAYTIME PHONE #: **954-981-5616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)