

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**  
 01-25-2002 90018 036 \*\*\*150.00

0261937 AV

**DOCUMENT # P97000017999**

1. Entity Name  
**ANGEL INTERNATIONAL EXPRESS, INC.**

Principal Place of Business <b>8318 NW 56 ST          MIAMI FL 33166          US</b>	Mailing Address <b>8318 NW 56 ST          MIAMI FL 33166          US</b>
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80010201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0732212** Applied For  Not Applicable

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

**GLUCK, MARCIA A  
 8430 NW 68TH ST  
 STE 4  
 MIAMI FL 33166**

Name **MOBLICCI, FABIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8318 NW 56 ST**  
 City **MIAMI, FL** Zip Code **33166**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GLUCK, MARCIA A</b> <b>1466 NW 153RD LN</b> <b>PEMBROKE PINES FL 33028</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MOBLICCI, FABIO</b> <b>8318 NW 56 ST</b> <b>MIAMI, FL 33166</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FABIO MOBLICCI, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)