

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED

AND  
FILED

2/10/2003 90109-018 \$50.00 \$50.00  
03 FEB 24 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018066

1. Entity Name

ARKANGEL LLC



Principal Place of Business

Mailing Address

1840 W. 49TH STREET, SUITE #220-1  
HIALEAH FL 33012

1840 W. 49TH STREET, SUITE #220-1  
HIALEAH FL 33012

2. Principal Place of Business

6946 Rue Vendome

Suite, Apt. #, etc.

APT # 1

3. Mailing Address

6946 Rue Vendome

Suite, Apt. #, etc.

APT # 1

City & State

Miami Beach

City & State

Miami Beach

Zip

33141

Country

U.S.A

Zip

33141

Country

U.S.A

4. FEI Number

43-1972657

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANGEL, ALBERTO EDMUND

1840 W. 49TH STREET, SUITE #220-1  
HIALEAH FL 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE PD  
NAME ALBERTO E. ANGEL ☐ Delete  
STREET ADDRESS 6946 RUE VENDOME #1  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VS  
NAME MERIDA A. DONADO ☐ Delete  
STREET ADDRESS 6946 RUE VENDOME #1  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/03 305-866-7357

Date

Daytime Phone #

CR2E083 (10/02)