2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F0000004731 NORTHERN ANGEL, INC. Principal Place of Business Mailing Address 5631 WINSTON PARK BLVD N. 5631 WINSTON PARK BLVD N. #202. COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc City & State City & State 4. FEI Number Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCRORY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5631 WINSTON PARK BLVD, N. #202 COCONUT CREEK FL 33073 nis fatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating) __FILE,NOW!!!_EEE.US.\$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PCD TITLE ☐ Delete TITLE MCCRORY, RICHARD NAME NAME 5631 WINSTON PARK BLVD N #202 STREET ADDRESS STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.