

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90039 040 ***150.00

DOCUMENT # F96000005412

1. Entity Name

ANGEL AUTOMOTIVE GROUP, INC.

Principal Place of Business

PO BOX 27740
 LAS VEGAS NV 89126

Mailing Address

111 MORNING SIDE DR.
 CORAL GABLES FL 33133
 US

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 **65-0696298**

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

7. Name and Address of New Registered Agent

RUIZ, JOHN H
 111 MORNING SIDE DR.
 CORAL GABLES FL 33133

Name

JOSE A CALVO II

Street Address (P.O. Box Number is Not Acceptable)

1571 STILLWATER DR

City

MIAMI BEACH

FL

Zip Code

33141

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

JOSE A CALVO II

3-12-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE DC
 NAME CALVO, JOSE A II
 STREET ADDRESS 1505 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVST
 NAME BROWN, ROBERT
 STREET ADDRESS 644 ALHAMBRA CIR
 CITY-ST-ZIP CORAL GABLES FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME CALVO, ISABELA M
 STREET ADDRESS 1505 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DVP
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVC
 NAME CALVO, MIRTA
 STREET ADDRESS 1505 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL

TITLE
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 STREET ADDRESS
 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.

SIGNATURE:

JOSE A CALVO II

4.2.02

305-794-9524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)