

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90187 022 ****50.00

DOCUMENT # L01000013342

1. Entity Name

ANGELS EMPLOYMENT, LLC

Principal Place of Business

**5630 OAKTREE AVENUE
 HOLLYWOOD FL 33312**

Mailing Address

**5630 OAKTREE AVENUE
 HOLLYWOOD FL 33312**

2. Principal Place of Business

**1700 N. DIXIE HWY
 Suite, Apt. #, etc.
 #100**

3. Mailing Address

**1700 N. DIXIE HWY
 Suite, Apt. #, etc.
 #100**

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

36-4461232

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JACOBY, ALAN
 5630 OAKTREE AVENUE
 HOLLYWOOD FL 33312**

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

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MANAGER** ☐ Delete
 NAME **ALAN JACOBY**
 STREET ADDRESS **5630 OAKTREE AVE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

ALAN JACOBY

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

4/23/02

Date

561-338-8707

Daytime Phone #

CR2E083 (9/01)