

2000 UNIFORM BUSINESS REPORT (UBR)

0002882 AF

DOCUMENT # L98000000797

1. Entity Name
SUNANGELS, L.C.

FILED

00 MAR 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O GEETA DIAS
4801 N.W. 7TH STREET, SUITE 707
MIAMI FL 33126

Mailing Address
C/O GEETA DIAS
4801 N.W. 7TH STREET, SUITE 707
MIAMI FL 33126-2162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0849505

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 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

FELDENKRAIS, MICHAEL ESQ.
FELDENKRAIS & ASSOCIATES, P.A.
290 N.W. 165TH STREET, PLAZA 100
MIAMI FL 33169

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PUNJABI, SURESH S
4801 N.W. 7TH STREET, SUITE 707
MIAMI FL 33126 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP
MGRM
DIAS, GEETA
4801 N.W. 7TH STREET, SUITE 707
MIAMI FL 33126 ☐ Delete

TITLE
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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 OR MANAGER

3/8/00
Date

(305) 446-6981
Daytime Phone #