

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001688

1. Entity Name

ANGEL CHIPS, LLC

Principal Place of Business

Mailing Address

7040 WEST PALMETTO PARK ROAD. #4. STE 397  
BOCA RATON FL 33433

7040 WEST PALMETTO PARK ROAD. #4. STE 397  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

1501 NW 1ST COURT  
Suite, Apt. #, etc.  
C

1501 NW 1ST COURT  
Suite, Apt. #, etc.  
C

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip  
33432

Country  
USA

Zip  
33432

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUKOWSKI, KATHERINE E  
6730 CANARY PALM CIRCLE  
BOCA RATON FL 33433

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

800004302878--8  
-05/23/01--01104--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SWEETS, TREATS AND MORE, INC.  
4400 W. HILLSBORO BLVD., STE 9  
COCONUT CREEK FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SWEETS, TREATS AND MORE, INC.  
1501 NW 1ST COURT  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
IMAGINE THAT...A CREATIVE MARKETING COMPA  
1051 SW 19TH STREET  
BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: KATHERINE E ZUKOWSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 MAY -2 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

001-364 AF