2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 09, 2001 08:00 AM N00000002657 DOCUMENT # 1. Entity Name **Secretary of State** ANGEL BABIES FOREVER LOVED, INC. Principal Place of Business Mailing Address 11211 S. MILITARY TRAIL #3914 11211 S. MILITARY TRAIL #3914 BOYNTON BEACH FL BOYNTON BEACH FL 33436 33436 2. Principal Place of Business 3. Mailing Address 5683 LINCOLN CIRCLE EAST PO BOX 243196 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOYNTON BEACH LAKE WORTH 65-1015098 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 33463 Fee Required 33424 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVAK NOVAK TAMMY TAMMY Street Address (P.O. Box Number is Not Acceptable) 11211 S. MILITARY TRAIL #3914 5683 LINCOLN CIRCLE EAST BOYNTON BEACH FL33436 City Zip Code LAKE WORTH 33463 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. 03/09/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME BELL. MINDI STREET ADDRESS STREET ADDRESS 1512 BOWMAN'S TRAIL CITY-ST-ZIP CITY-ST-ZIP LAKELAND FT. 33809 TITLE ☐ Delete TITLE X Change ☐ Addition NAME MANSMITH NAME BISKUP MARTHA STREET ADDRESS STREET ADDRESS 2730 TWIN OAKS WAY 1436 NW 154 AVE CITY-ST-ZIF WELLINGTON FL. 33414 CITY-ST-ZIP PEMBROKE PINES FL. 33028 TITLE Delete TITLE X Change ☐ Addition NAME NATARELLI NATARELLI JESSICA NAME JESSICA STREET ADDRESS STREET ADDRESS 5601 HOLATEE TRAIL 5601 HOLATEE TRAIL CITY-ST-ZIP FT. LAUDERDALE FT. LAUDERDALE 33330 CITY-ST-ZIP FL. FL. 33330 TITLE Delete TITLE P/T X Change Addition NAME NOVAK TAMMY NAME NOVAK TAMMY STREET ADDRESS 11211 S. MILITARY TRAIL #3914 STREET ADDRESS 11211 S. MILITARY TRAIL #3914 CITY-ST-ZIP BOYNTON BEACH BOYNTON BEACH FL. 33436 CITY-ST-ZIP FL. 33436 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

Tammy L Novak

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03/09/2001

CR2E037 (11/00)