

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002657**1. Entity Name
ANGEL BABIES FOREVER LOVED, INC.

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| Principal Place of Business 11211 S. MILITARY TRAIL #3914 BOYNTON BEACH 33436 | FL | Mailing Address 11211 S. MILITARY TRAIL #3914 BOYNTON BEACH 33436 | FL |
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| 2. Principal Place of Business 5683 LINCOLN CIRCLE EAST | 3. Mailing Address PO BOX 243196 |
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|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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|----------------------------------|-------------------------------------|
| City & State LAKE WORTH FL | City & State BOYNTON BEACH FL |
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|--------------|---------------|--------------|---------|
| Zip 33463 | Country US | Zip 33424 | Country |
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| 4. FEI Number 65-1015098 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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|--|--|---------------------|--|-----------------------|-------------------|
| 6. Name and Address of Current Registered Agent NOVAK TAMMY 11211 S. MILITARY TRAIL #3914 BOYNTON BEACH FL 33436 | 7. Name and Address of New Registered Agent <table border="1"><tr><td>Name NOVAK TAMMY</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 5683 LINCOLN CIRCLE EAST</td></tr><tr><td>City LAKE WORTH FL</td></tr><tr><td>Zip Code 33463</td></tr></table> | Name NOVAK TAMMY | Street Address (P.O. Box Number is Not Acceptable) 5683 LINCOLN CIRCLE EAST | City LAKE WORTH FL | Zip Code 33463 |
| Name NOVAK TAMMY | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 5683 LINCOLN CIRCLE EAST | | | | | |
| City LAKE WORTH FL | | | | | |
| Zip Code 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> | 03/09/2001 <small>DATE</small> |
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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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| SIGNATURE: Tammy L Novak | P | 03/09/2001 |
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CR2E037 (11/00)