2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002657

Address:

City-St-Zip:

Entity Name: ANGEL BABIES FOREVER LOVED, INC.

Mar 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5683 LINCOLN CIRCLE EAST LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** PO BOX 243196 BOYNTON BEACH, FL 33424 FEI Number: 65-1015098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOVAK, TAMMY 5683 LINCOLN CIRCLE EAST LAKE WORTH, FL 33463 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NOVAK, TAMMY Name: Name: Address: 11211 S. MILITARY TRAIL #3914 Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: () Change () Addition NATARELLI, JESSICA Name: Name: Address: 5601 HOLATEE TRAIL Address: City-St-Zip: FT. LAUDERDALE, FL 33330 City-St-Zip: Title: () Delete Title: () Change () Addition BISKUP, MARTHA Name: Name: 1436 NW 154 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: () Delete Title: () Change () Addition BELL, MINDI Name: Name: 1512 BOWMAN'S TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: () Change (X) Addition BURGESS, LAWANNA Name: Name: 365 71ST AVENUE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

ST PETE BEACH, FL 33706

SIGNATURE: TAMMY L NOVAK Ρ 03/01/2002