## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # N0000008474 1. Entity Name THE LITTLE ANGELS FOUNDATION, INC. 05-04-2001 90110 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 1283 EGRET ROAD 1283 EGRET ROAD HOMESTEAD FL 33035 HOMESTEAD FL 33035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For G5-10837 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name S. SCOTT CHOOS, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 15600 S.W. 288 STREET **SUITE 312 HOMESTEAD FL 33033** City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition NAME NAME WALDMAN, JUDY STREET ADDRESS STREET ADDRESS 1283 EGRET ROAD CITY-ST-7IP CITY-ST-ZIP HOMESTEAD FL 33035 TITLE ☐ Delete TITLE ■ Addition n ☐ Change NAME NAME WALDMAN, MERV DR. STREET ADDRESS STREET ADDRESS 1283 EGRET ROAD CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33035 Delete treasurer TITLE D Change Addition Addition STEVE FALLELL 1215 EGRET NAME NAME PATTERSON, MONIQUE STREET ADDRESS STREET ADDRESS 1250 N. FLAGLER AVENUE HONESTEAD, FL 33035 CITY-ST-ZIP CITY-ST-7IF HOMESTEAD FL 33030 SECRETARY .. TITLE Delete TITLE [ Change **Addition** JERRY JOSEPH 17376 S.W. 267 LN. NAME NAME : PATTERSON, ALEX DR. STREET ADDRESS STREET ADDRESS 1250 N. FLAGLER AVENUE CITY-ST-ZIP HOMESTEAD, Fl. 33031 CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete Vice President TITLE **Change** Addition NAME S. 500T CHOOS NAME S. SCOTT CHOOS STREET ADDRESS 15631 IW. 109 TERR STREET ADDRESS 15631 S.W. 109 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL\_33196 TITLE Delete TITLE Addition THIBAULT, WILLIAM NAME STREET ADDRESS STREET ADDRESS 29765 S.W. 164 PLACE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33033

I hereby certify that the Information supplied with this filling 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

SIGNATURE: <

A IAI ENZEQUATEUR FARREU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR