

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90146 029 ****61.25

DOCUMENT # N00000008474

1. Entity Name

THE LITTLE ANGELS FOUNDATION, INC.



Principal Place of Business

**1283 EGRET ROAD
HOMESTEAD FL 33035**

Mailing Address

**1283 EGRET ROAD
HOMESTEAD FL 33035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1083747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**S. SCOTT CHOOS, ESQUIRE
15600 S.W. 288 STREET
SUITE 312
HOMESTEAD FL 33033**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WALDMAN, JUDY**
STREET ADDRESS **1283 EGRET ROAD**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **D** ☐ Delete
NAME **WALDMAN, MERV DR.**
STREET ADDRESS **1283 EGRET ROAD**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **S** ☐ Delete
NAME **JOSEPH, JERRY**
STREET ADDRESS **17376 SW 267 LANE**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **T** ☐ Delete
NAME **FARRELL, STEVE**
STREET ADDRESS **1215 EGRET**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **V** ☐ Delete
NAME **S. SCOTT CHOOS**
STREET ADDRESS **15631 S.W. 109 TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☐ Delete
NAME **THIBAUT, WILLIAM**
STREET ADDRESS **29765 S.W. 164 PLACE**
CITY-ST-ZIP **HOMESTEAD FL 33033**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)