

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

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90119 019 ****61.25

DOCUMENT # N02000009680

1. Entity Name

BLUE HEART ANGEL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 780-768

3. Mailing Address

P.O. BOX 780-768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number **APPLIED FOR**

☒ Applied For
☐ Not Applicable

Zip
32878

Country
ORANGE

Zip
32878

Country
ORANGE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ROSA PASAMAR**

Street Address (P.O. Box Number is Not Acceptable)

221 EAST 9TH. ST.

City **HIALEAH**

FL

Zip Code
33010

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

06/06/2003

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
	P/S/D	PASAMAR, ROSA	221 E. 9 ST. HIALEAH, FL 33010
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/03

(305) 884-0009

Date

Daytime Phone #

Attachment#
80136761
NO 2500009680
BLUE HEART ANGEL INC.
P.O. BOX 780-768
ORLANDO, FL 32878

August 4, 2003

DIVISION OF CORPORATIONS
TALLAHASSEE, FL

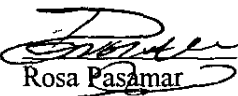
RE: UBR

Dear Sir or Madam:

We are enclosing the UBR for the year 2003, it is late because since we moved we never received the original report, I was told to download from the internet and that is what I did., I also enclosed the check for \$61.25 to cover the filing fee.

We thank you very much for your understanding and cooperation.

Yours truly,


Rosa Pasamar