

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47148

1. Entity Name

ANGEL LOVE CHILDREN CORPORATION

FILED

00 JUN -5 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

aa6/5

Principal Place of Business
7904 WEST DR. #606
NORTH BAY VILLAGE
MIAMI BEACH FL 33141

Mailing Address
7904 WEST DR. #606
NORTH BAY VILLAGE
MIAMI BEACH FL 33141-5522

2. Principal Place of Business
28655 SW 153 Ave
Suite, Apt. #, etc.
202

3. Mailing Address
28655 SW 153 Ave
Suite, Apt. #, etc.
Ap. 202 HOMESTEAD

City & State
HOMESTEAD, FLA

City & State
HOMESTEAD - FLA

Zip
33033

Country
MIAMI-DADE

Zip
33033

Country
MIAMI-DADE

4. FEI Number
65-0310463

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENIC, ANGELO
7908 WEST DRIVE
#606
NO. BAY VILLAGE FL 33141

ANGELO LENDIC
28655 SW 153 Ave
Ap 202 Homestead
33033 FLA AL

Name
ANGELO LENDIC

Street Address (P.O. Box Number is Not Acceptable)
28655 SW 153 Ave
Ap 202

City
HOMESTEAD, MIAMI DADE FL

Zip Code
33033

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 *Angelo Lendic P.D.* DATE April 28 - 2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	V.D.	☐ Change ☒ Addition
NAME	LENIC, ANGELO		NAME	SUSAN MARQUEZ	
STREET ADDRESS	7904 WEST DRIVE, #606		STREET ADDRESS	6251 SEDGEWYCK GATEWAY	
CITY-ST-ZIP	NO. BAY VILLAGE FL 33141		CITY-ST-ZIP	DAVIE FLA. 33331	
TITLE	VPD	☐ Delete	TITLE	V.D.	☐ Change ☒ Addition
NAME	SANTIBANEZ, EUGENE DR.		NAME	PASTOR: GERARDO A. DIAZ	
STREET ADDRESS	28300 S W 152ND AVENUE		STREET ADDRESS	7721 SW 19 ST. MIAMI	
CITY-ST-ZIP	HOMESTEAD FL 33033		CITY-ST-ZIP	33155 FLORIDA	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PANIAGUA, ADOLFO		NAME		
STREET ADDRESS	832 N W 107TH SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE		☐ Change ☒ Addition
NAME	OTERO, TERESA		NAME		
STREET ADDRESS	527 E. 9TH STREET, SUITE 7		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PORTOCARRERO, MARIELA		NAME		
STREET ADDRESS	760 NW 112 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		CITY-ST-ZIP		
TITLE	VPD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	LOPEZ, ELIZABETH		NAME		
STREET ADDRESS	27010 S W 120TH ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33032		CITY-ST-ZIP		

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: *Angelo Lendic P.D.* DATE: April 28, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANGELO LENDIC

Daytime Phone # (305) 247-5811