

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003893

1. Entity Name

THE LORD'S ANGEL MINISTRIES, INC.

Principal Place of Business

13416 SOUTHWEST 112 COURT
MIAMI FL 33176

Mailing Address

13416 SOUTHWEST 112 COURT
MIAMI FL 33176-5310

2. Principal Place of Business

13416 SW 112 Court.

3. Mailing Address

13416 SW 112 Ct.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number

67-0676910

Applied For

Not Applicable

5. Certificate of Status Desired ☒ NO

\$8.75 Additional
Fee Required

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME ANGEL, LUIS M
STREET ADDRESS 13416 SOUTHWEST 112 COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE STD ☐ Delete

NAME ANGEL, DIANA
STREET ADDRESS 13416 SOUTHWEST 112 COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ Delete

NAME MORENO, AURA
STREET ADDRESS 13416 SOUTHWEST 112 COURT
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Diana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00 - (305) 254-1011

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90124 032 ****66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)