

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000615

1. Entity Name

OKANGEL, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90057 005 \*\*\*\*61.25

Principal Place of Business Mailing Address  
1525 SOUTH ATLANTIC AVENUE, UNIT 305 1525 SOUTH ATLANTIC AVENUE, UNIT 305  
COCOA BEACH FL 32931 COCOA BEACH FL 32931-2380

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3571977

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOOD, WESLEY  
1525 SOUTH ATLANTIC AVENUE, UNIT 305  
COCOA BEACH FL 32931

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME WOOD, WESLEY  
STREET ADDRESS 1525 SOUTH ATLANTIC AVENUE, UNIT 305  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE PRESIDENT AND CEO ☒ Change ☐ Addition  
NAME WOOD, WESLEY  
STREET ADDRESS 1525 S. ATLANTIC AVE #305  
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE D ☐ Delete  
NAME CARTWRIGHT, MILLER  
STREET ADDRESS 888 - 8TH AVENUE, APT. 5-D  
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BENOIT, DEBORAH H  
STREET ADDRESS 1980 N. ATLANTIC AVE #801  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ROXANNA BAIN  
STREET ADDRESS 435 SAN CRISTOBAL COURT  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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: *Wesley Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00  
Date

321-183-8323  
Daytime Phone #

CR2E037 (9/99)