

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90121 007 \*\*\*\*61.25

**DOCUMENT # N99000006369**

1. Entity Name

**SHARLENE'S ANGELS ON EARTH INC.**



Principal Place of Business

4610 SW 25TH ST.  
 HOLLYWOOD FL 33023

Mailing Address

4610 SW 25TH ST.  
 HOLLYWOOD FL 33023

**A0076394**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4600 SW 26<sup>th</sup> ST**

3. Mailing Address

**4600 SW 26<sup>th</sup> ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hollywood FL**

City & State

**Hollywood FL**

4. FEI Number

**65-0957335**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

Zip **33023**

Country **Broward**

Zip **33023**

Country **Broward**

6. Name and Address of Current Registered Agent

**HUMM, SHARLENE**  
**4610 SW 25TH ST.**  
**HOLLYWOOD FL 33023**

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

*Sharlene Humm*

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

(NOTE: Registered Agent signature required when reinstating)

**7/03/01**  
 DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 NAME	<b>CEO</b> <b>HUMM, SHARLENE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4610 SW 25TH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE NAME	<b>ED</b> <b>GOMEZ, DONNA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>318 AMUNA ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE NAME	<b>ED</b> <b>LEVY, ROBERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>4610 SW 25TH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE NAME	<b>ED</b> <b>BEAUPIED, JENNIFER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4610 SW 25TH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE NAME	<b>ED</b> <b>ROSSOFF, DEBLEE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>PO BOX 22501</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33335</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Sharlene Humm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/03/01 954-981-5616**  
 Date Daytime Phone #

CR2E037 (5/01)