

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007268

1. Entity Name

ANGELIC ANIMALS ENTERPRISES INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90033 028 \*\*\*\*70.00

Principal Place of Business

2874 15 AVE NORTH  
ST PETERSBURG FL 33713

Mailing Address

2874 15 AVE NORTH  
ST PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

P.O. Box 10124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAINT PETERSBURG, FL

Zip

Country

Zip

Country

33733

USA

4. FEI Number

☒ 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

THOMAS, CARLA  
2874 15 AVE NORTH  
ST PETERSBURG FL 33713

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR CARLA THOMAS
STREET ADDRESS	2874 15TH AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIP MARK THOMAS
STREET ADDRESS	2874 15TH AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIV JOHN PARRAVANI JR
STREET ADDRESS	2424 55TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/S CHRISTEENA PARRAVANI
STREET ADDRESS	2424 55TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CARLA A THOMAS 08 April 2000 (727) 323-0877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)