

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000002627

1. Entity Name

ANGEL EXPRESS, INC.



FILED

03 JAN 30 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16225 SW 16 STREET

Suite, Apt. #, etc.

3. Mailing Address
16225 SW 16 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

03

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number
65-0971676

Applied For
Not Applicable

Zip
33027

Country

Zip
33027

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
COO, JAIME

Street Address (P.O. Box Number is Not Acceptable)

16225 SW 16 STREET

City
PEMBROKE PINES

FL

Zip Code
33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

JAIME COO

(NOTE: Registered Agent signature required when reinstating)

01/28/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
COO, JAIME
16225 SW 16 ST, PEMB. PINES FL 33027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
COO, BELKIS
16225 SW 16 ST. PEMB. PINES FL 33027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BEATO, GILBERTO
16225 SW 16 ST. PEMB. PINES FL 33027

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaime Co
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME COO

01/28/2003

Date

954 443-5750

Daytime Phone #

CR2004B (12/02)

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