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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NA

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000003977 ANGELOS HOME REPAIR, INC. 04-24-2001 90044 009 ***150.00 Principal Place of Business Mailing Address 3900 NW 79TH AVENUE 3900 NW 79TH AVENUE SUITE 326 SUITE 326 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 99 Pl 11631 N.W 11631 N.W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FEL Number C City & State City & State Applied For Sunnise Sunse Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33323 333<u>23</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barralo HNGEL REAL, RUTH Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79TH AVENUE SUITE 326 N.W. 29 MIAMI FL 33166 pariging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the pe SIGNATURE Signature, typed or printed name of registered age (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change TITLE TITLE Delete REAL RUTH ANGELOS BARCALO NAME NAME 11631 N.W. 29 H. 50nnse , Fl. 33323 3900 NW 79TH AVENUE SUITE 326 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP Sunnise, Fl. CITY-ST-78P ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST_ZIP . □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.