

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92203 048 ***150.00

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DOCUMENT # P00000050874

1. Entity Name
ANTONIO D'ANGELO, INC.



Principal Place of Business
**7730 SW 68 TR
MIAMI FL 33143**

Mailing Address
**P.O. BOX 832137
MIAMI FL 33283-2137**



2. Principal Place of Business
P.O. BOX 832137

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **65-1023580**

Applied For
Not Applicable

Zip **33283-2137** Country **US**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BALLESTAS AND ASSOCIATES, INC.
7730 SW 68 TR
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **COMPLETE CORPORATE SERVICES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
915 MIDDLE RIVER DR. #410
City **FT. LAUDERDALE** FL Zip Code **33304**

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 **Antonio D'Angelo, Pres. A. BALLESTAS** DATE **4-18-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PSD PEREZ, ANTONIO 7730 SW 68 TR MIAMI FL 33143 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD PEREZ, ANTONIO P.O. BOX 832137 MIAMI, FL 33283-2137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Antonio D'Angelo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date Daytime Phone #

CR2E034 (10/02)