

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90022 003 ***150.00

DOCUMENT # P00000091483

1. Entity Name

EL ANGEL DE BORINQUEN, INC.

Principal Place of Business

1050 NW 29 AVE. REAR
 MIAMI FL 33125

Mailing Address

1050 NW 29 AVE. REAR
 MIAMI FL 33125

2. Principal Place of Business

1050 N.W. 29 Ave. Rear.

3. Mailing Address

1050 N.W. 29 Ave. Rear

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

Miami, Fl. 33125

City & State

Miami, Fl.

Zip

33125

Country

Adede

Zip

33125

Country

Adede

6. Name and Address of Current Registered Agent

MILLAN, STEPHEN T ESQ.
7685 SW 104 STREET
SUITE 200
MIAMI FL 33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **RUIZ, ARIEL**
 STREET ADDRESS **1050 NW 29 AVE. REAR**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☒ Delete
 NAME **RUIZ, MARIA**
 STREET ADDRESS **1050 NW 29 AVE. REAR**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **RUIZ, MARIA** ☐ Delete
 NAME **1050 N.W. 29 Ave. Rear**
 STREET ADDRESS **Miami, Fl. 33125**
 CITY-ST-ZIP

TITLE **RUIZ, ARIEL** ☐ Delete
 NAME **1050 N.W. 29 Ave. Rear**
 STREET ADDRESS **Miami, Fl. 33125**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA RUIZ - MARIA RUIZ

Date

Daytime Phone #

4/27/2001 (305) 441-6475

CR2E034 (10/00)

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