

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90737 023 \*\*\*150.00

DOCUMENT # P000000 91483

1. Entity Name

EL ANGEL DE BORIN QUEN, INC.

**DO NOT WRITE IN THIS SPACE**

80061878

2. Principal Place of Business

1050 NW 29 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

REAR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1154915

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ **NEW**

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MILTON L. PEREZ

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

13760 SW 88 ST.

City

MIAMI

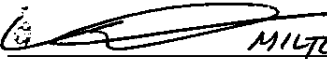
FL

Zip Code

33186

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

 MILTON L. PEREZ

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME RUIZ, MARIA  
STREET ADDRESS 1050 NW 29 AVE REAR  
CITY-ST-ZIP MIAMI FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME RUIZ, ARIEL  
STREET ADDRESS 1050 NW 29 AVE REAR  
CITY-ST-ZIP MIAMI FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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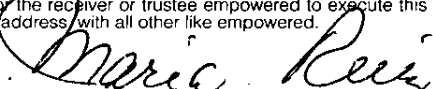
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

(305) 441-6415

Daytime Phone #

CR2E034B (12/01)