

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102083

1. Entity Name

ANGEL'S XPRESS SERVICES CORPORATION

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90068 039 ***150.00

Principal Place of Business
8960 NW 8TH STREET, APT. 104
MIAMI FL 33172

Mailing Address
8960 NW 8TH STREET, APT. 104
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1066067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, MARIA T
8960 NW 8TH STREET, APT. 104
MIAMI FL 33172

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRESIDENT-DIRECTOR**
STREET ADDRESS **MARIA T. GOMEZ**
CITY-ST-ZIP **8960 NW 8TH ST APT 104**
MIAMI, FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 T. Gomez

4/19/01

Daytime Phone #

305-818-9791

CR2E034 (10/00)

Attached

To Whom This May Concern:

Our Company ID # P000001022083 was Applied for 54/560
Oct. 31, 2000. As of April 20th 2001 we have
not received the Company Federal ID certificate,
however we have received the tax coupons. I
have made numerous attempts requesting for
this Certificate by phone. Also requested a
change of address form. Please advise as to what
we should do to process our request as soon as
possible. We have not been able to open a bank acct.
nor business acct. for, they request a proof of
our Company Fed. ID. Certificate. Your prompt
Attention is Greatly Appreciated.

New Address: 7600 N.W. 168 St.

Mia Lakes, Fl. 33015

Thank You.



Day: 305-818-9791
Eve: 305-215-4262

Maria T. Gomez