

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**  
 09-13-2001 90010 027 \*\*\*550.00

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**DOCUMENT # P00000105188**

1. Entity Name  
**ANGEL D. NEGRON ENTERPRISES, INC.**

Principal Place of Business <b>345 MID PINE ROAD                  PALM SPRINGS FL 33461</b>	Mailing Address <b>345 MID PINE ROAD                  PALM SPRINGS FL 33461</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHANNON, MARY ANN  
 345 MID PINE ROAD  
 PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name **Negron, Mary Ann**  
 Street Address (P.O. Box Number is not Acceptable) **345 Mid Pine Rd**  
 City **Palm Springs** FL Zip Code **33461**

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 **Mary Ann Negron** **Mary Ann Negron** **9/9/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEGRON, ANGEL D 345 MID PINE ROAD PALM SPRINGS FL 33461</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** **Angel D. Negron**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/9/01** **651 704-2536**  
Date Daytime Phone #

CR2E034 (5/01)