

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90418 018 ***158.75

DOCUMENT # **P010000030504**

1. Entity Name

EVERYTHING BY ANGELS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11150 SOUTHWEST 196 STREET

3. Mailing Address

11150 SOUTHWEST 196 STREET

Suite, Apt. #, etc.

D-210

Suite, Apt. #, etc.

D-210

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1087868

Applied For

Not Applicable

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LIA C. BUSTAMANTE

Street Address (P.O. Box Number is Not Acceptable)
11150 SOUTHWEST 196 STREET

D-210

City

MIAMI

FL

Zip Code
33157

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) ☐

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
LIA C. BUSTAMANTE
11150 SOUTHWEST 196 STREET, D-210
MIAMI, FLORIDA 33157**

TITLE
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STREET ADDRESS
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**DO NOT WRITE
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

LIA C. BUSTAMANTE MAY 1, 2002 (305) 259-9699

Date

Daytime Phone #

CR2E034B (12/01)