

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2002 90077 020 ***150.00

0149636 AV

DOCUMENT # P01000064801

1. Entity Name

MICHEL & ANGELS INC.

Principal Place of Business

3500 WASHINGTON ST., APT. A-408
 HOLLYWOOD FL 33021

Mailing Address

3500 WASHINGTON ST., APT. A-408
 HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11211 S. MILITARY TRAIL

Suite, Apt. #, etc.

2922

City & State

City & State

BOYNTON BEACH, FL.

Zip **33436**

Country

Zip **33436**

Country

PALM B.

4. FEI Number

65-1118247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MICHEL, MARK

3500 WASHINGTON ST., APT. A-408
 HOLLYWOOD FL 33021

Name

MARK MICHEL

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

11211 S. MILITARY TRAIL 2922, BOYNTON B., FL.

BOYNTON BEACH

City

FL

Zip Code

33436

7. Name and Address of New Registered Agent

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, 2002 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 **PRESIDENT** ☐ Delete
 NAME **MARK MICHEL**
 STREET ADDRESS **11211 S. MILITARY TRAIL 2922**
 CITY-ST-ZIP **BOYNTON BEACH, FL. 33436**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02

Date

561-260-4503

Daytime Phone #

CR2E034 (9/01)