

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90169 007 \*\*\*150.00

**DOCUMENT # P01000081368**

1. Entity Name

**ANGEL'S CUSTOM TAYLORS INC.**

Principal Place of Business

**4601 W. KENNEDY BLVD. # 113  
TAMPA FL 33609**

Mailing Address

**4601 W. KENNEDY BLVD. # 113  
TAMPA FL 33609**

2. Principal Place of Business

**TAMPA, Florida**

3. Mailing Address

**4601 W. Kennedy Blvd**

Suite, Apt. #, etc.

**4601 W Kennedy Blvd**

Suite, Apt. #, etc.

**#113**

City & State

**Tampa FL**

City & State

**Tampa, FL**

Zip

**33609**

Country

**USA**

Zip

**33609**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3742647**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOSE, REYES  
15606 INDIAN QUEEN DRIVE  
ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name

**Cinzel Nieves**

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

**4601 W. Kennedy Blvd #113**

City

**Tampa**

**FL**

Zip Code

**33609**

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)

**1/8/02**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>
STREET ADDRESS	<b>ANGEL Nieves</b>
CITY-ST-ZIP	<b>4601 W. Kennedy Blvd #113 Tampa FL 33609</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>Rebecca Nieves</b>
CITY-ST-ZIP	<b>4601 W. Kennedy Blvd #113 Tampa, FL 33609</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

**Angel Nieves**

Date

**1/8/02**

Daytime Phone #

**813-287-1077**

CR2E034 (9/01)