

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91562 002 ***150.00
 05-28-2002 91562 001 ****75.00

DOCUMENT # P01000082815 *

1. Entity Name
ANGEL EYES ENTERPRISE, INC.

Principal Place of Business

18316 NW 68 AVE #G
MIAMI LAKES FL 33015

Mailing Address

18316 NW 68 AVE #G
MIAMI LAKES FL 33015

2. Principal Place of Business

18316 N.W. 68 AVE

3. Mailing Address

18316 N.W. 68 AVE

Suite, Apt. #, etc.

#G

Suite, Apt. #, etc.

***G**

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODEN, JACQUELYN L ESQ
99 NW 183 ST STE 234
MIAMI FL 33169

7. Name and Address of New Registered Agent

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, 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 **PT** ☐ **Delete**
NAME **MCKENZIE, KAREN**
STREET ADDRESS **18316 NW 68 AVE #G**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **VSD** ☐ **Delete**
NAME **GARBUTT, MARISOL**
STREET ADDRESS **18316 NW 68 AVE #G**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

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
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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:

Karen D. McKenzie
KAREN D. MCKENZIE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02
 Date

(786) 514-9784
 Daytime Phone #

CR2E034 (9/01)