

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90259 001 ***150.00

DOCUMENT # P01000104986

1. Entity Name
ANGELS AT WORK, INC.

Principal Place of Business

**4379 FOX TRAIL LANE
 WESTON FL 33331**

Mailing Address

**4379 FOX TRAIL LANE
 WESTON FL 33331**

361426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

815 SW 16 ST.

815 SW 16 ST.

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

33315

USA

33315

USA

4. FEI Number **65-1150855**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OKTAVEC, RAYMOND
 4379 FOX TRAIL LANE
 WESTON FL 33331**

Name **RAYMOND G. OKTAVEC**

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

815 SW 16 ST

City **FT LAUDERDALE**

FL

Zip Code **33315**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **OKTAVEC, RAYMOND**
STREET ADDRESS **4379 FOX TRAIL LANE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **PRES, SECT 1, D** ☒ Change ☐ Addition
NAME **OKTAVEC, RAYMOND**
STREET ADDRESS **815 SW 16 ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BARBARA C. OKTAVEC**
STREET ADDRESS **815 SW 16 ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: **RAYMOND G. OKTAVEC** **4-15-02 954-494-4111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)