

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90216 024 \*\*\*150.00

0009675 AT

**DOCUMENT # P01000111281**

1. Entity Name

**ANGEL'S PRIVATE CAR SERVICE, INC.**

Principal Place of Business

Mailing Address

**201 RACQUET CLUB DRIVE APT S-103  
WESTON FL 33067**

**201 RACQUET CLUB DRIVE APT S-103  
WESTON FL 33067**

2. Principal Place of Business

**201 Racquet Club Rd.**

3. Mailing Address

**201 Racquet Club Rd.**

Suite, Apt. #, etc.

**Apt. S-103**

Suite, Apt. #, etc.

**Apt. S-103**

City & State

**Weston FL**

City & State

**Weston FL**

Zip

**33326**

Country

**U.S.A.**

Zip

**33326**

Country

**U.S.A.**

4. FEI Number

**651154235**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SACHICA, DAVID FERNELLI**

**201 RACQUET CLUB DRIVE APT S-103**

**WESTON FL 33067**

7. Name and Address of New Registered Agent

Name **David Fernelli Sachica**

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

**201 Racquet Club Rd**

**Apt S-103**

City

**Weston**

**FL**

Zip Code

**33326**

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 **PVTS** ☐ Delete  
NAME **SACHICA, DAVID FERNELLI**  
STREET ADDRESS **201 RACQUET CLUB DRIVE APT S-103**  
CITY-ST-ZIP **WESTON FL 33067**

TITLE **D** ☒ Delete  
NAME **SACHICA, DAVID FERNELLI**  
STREET ADDRESS **201 RACQUET CLUB DRIVE APT S-103**  
CITY-ST-ZIP **WESTON FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTSD** ☒ Change ☐ Addition  
NAME **Sachica, David Fernelli**  
STREET ADDRESS **201 Racquet Club Rd. Apt. S-103**  
CITY-ST-ZIP **Weston, FL 33326**

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

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

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

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

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-931-3516**

CR2E034 (9/01)