

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90344 009 \*\*\*150.00

**DOCUMENT # P01000121127**

1. Entity Name

**ANGEL KINGDOM CONSTRUCTION, INC.**

Principal Place of Business

**1805 SANS SOUCI BLVD.,#516  
 NORTH MIAMI FL 33181**

Mailing Address

**1805 SANS SOUCI BLVD.,#516  
 NORTH MIAMI FL 33181**

2. Principal Place of Business

**1900 Sans Souci Blvd  
 Suite, Apt. #, etc. 230**

3. Mailing Address

**Same 1900 Sans Souci Blvd  
 Suite, Apt. #, etc. 230**

City & State

**north miami, FL**

City & State

**north miami, FL**

4. FEI Number

**60-0000244**

Applied For

Not Applicable

Zip

**33181**

Country

**miami Dade**

Zip

**33181**

Country

**miami Dade**

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

6. Name and Address of Current Registered Agent

**WATSON, ANGEL  
 1805 SANS SOUCI BLVD.,#516  
 NORTH MIAMI FL 33181**

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

*Angel Watson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/7/02**

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          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>WATSON, ANGEL</b>              |                                 |
| STREET ADDRESS | <b>1805 SANS SOUCI BLVD.,#516</b> |                                 |
| CITY-ST-ZIP    | <b>NORTH MIAMI FL 33181</b>       |                                 |
| 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           |  |   |
| 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    |  |   |
| 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:

*Angel A Watson* **4/30/02** (305) 891-7623 (305) 893-0616

CR2E034 (9/01)