

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90310-013-\$150.00-\$150.00

DOCUMENT# P02000042825

1. Entity
L'ANGOLO DEL REGALO, CORP.



Principal Place of
4180 NW 58TH STREET
COCONUT CREEK, FL 33073

Mailing
4180 NW 58TH STREET
COCONUT CREEK, FL 33073

90154988

FILED
CLERK OF STATE
DIVISION OF CORPORATION
SEP 22 PM 12:14

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4/FBI Number

02-0586283

Applied For

Not Applicable

5. Certificate of Status

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered

DE MICHELE, GIUSEPPE
4180 NW 58TH STREET
COCONUT CREEK FL 33073

7. Name and Address of Now Registered

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 may Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
DE MICHELE, GIUSEPPE
4180 NW 58TH STREET
COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
DE MICHELE, ALBA CARDENAS
4180 NW 58TH STREET
COCONUT CREEK FL 33073 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
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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 qualified by chapter 807, 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 #

Attachment
90154988

September 3, 2003.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

L'ANGOLO DEL REGALO, CORP.

Doc. # P02000042825

Our corporation has its articles filed with Florida department of State-Division of Corporation on 04/19/2002. Unfortunately, we never received the first notice, of our 2003 UBR form; and we did not know that we must pay it annually. This is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 150.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

Giuseppe De Michelle
GIUSEPPE DE MICHELLE
President