

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91443 046 \*\*\*150.00

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AV

**DOCUMENT # P02000050893**

1. Entity Name  
**THREE ANGELS FILIPINO ORIENTAL CUISINE, INC.**



Principal Place of Business  
**909 N. WYMORE ROAD  
WINTER PARK FL 32789**

Mailing Address  
**909 N. WYMORE ROAD  
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

**3197 WEST VINE ST.**

**3197 WEST VINE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**KISSIMMEE**

**KISSIMMEE**

City & State

City & State

**FLORIDA**

**FLORIDA**

Zip

Country

Zip

Country

**34741**

**OSCEOLA**

**34741**

**OSCEOLA**

4. FEI Number

**03-0439013**

☒ 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

**TOMES BANEZ, ELIZABETH  
909 N. WYMORE ROAD  
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth J. Banez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/26/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>TOMES BANEZ, ELIZABETH</b>	
STREET ADDRESS	<b>909 N. WYMORE ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMAS BANEZ, ELIZABETH</b>	
STREET ADDRESS	<b>3197 WEST VINE ST.</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FLORIDA 34741</b>	
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		
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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elizabeth J. Banez*  
**ELIZABETH J. BANEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/03**

Date

**407-847-7121**

Daytime Phone #

CR2E034 (10/02)