

FILED
Mar 04, 2003 8:00 am
Secretary of State

01-29-2003 90291 025 ***150.00

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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000068281

1. Entity Name

UNITED ANGELS, INCORPORATED



Principal Place of Business
1845 UNIVERSITY BOULEVARD NORTH
JACKSONVILLE FL 32211

Mailing Address
1845 UNIVERSITY BOULEVARD NORTH
JACKSONVILLE FL 32211



2. Principal Place of Business

2828 Jewell RD
Suite, Apt. #, etc.

3. Mailing Address

2828 Jewell RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

810557444

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBIE, KEVIN S

1845 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

DORON KOREN

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

2828 Jewell RD

JACKSONVILLE

City

FL

Zip Code

32216

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

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 Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DORON KOREN
2828 Jewell RD Jacksonville
FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Addition

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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 as an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)