

1983

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

DOCUMENT # P02000092370

1. Entity Name

The Compassion White Angel  
Inc.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -4 AM 8:00

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03

2. Principal Place of Business

7870 SW 160 Avenue

Suite, Apt. #, etc.

3. Mailing Address

7870 SW 160 Avenue

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33193

Country

USA

Zip

33193

Country

USA

4. FEI Number

52-2376576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Julia Baldrice

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

7870 SW 160 Avenue

City

Miami

FL

Zip Code

33193

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD	Julia Baldrice	7870 SW 160 Avenue				
		Miami, FL	33193				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Julia S. Baldrice

Date

Daytime Phone #

CR2E034B (12/02)

223

The Compassion White Angel

November 25, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document #P02000092370

To whom it may concern:

I sent the UBR with my check for \$150.00. However, the FEI number was incorrect. Therefore, as you requested, I have attempted several times to send you the correct FEI number to the PO Box 1500 address with no success.

Today I spoke to someone in your offices who informed me to mail it once again to the 409 East Gaines Street address. Could you please kindly reactivate this corporation. Sorry for any inconvenience this may have caused you.

Sincerely,



Julia Baldriche

393

## The Compassion White Angel

December 5, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document #P02000092370

To whom it may concern:

I made the corrections in reference to your letter dated May 22, 2003 for my corporation and apparently your office never received it. Please waive the \$600 reinstatement fee.

Thank you in advance for your cooperation and sorry for any inconvenience this may have caused you.

Sincerely,

  
Julia Baldrich