

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

DOCUMENT # 093000009245

1. Entity Name

Angel's Cham & Design, Inc.

FILED

02 FEB -1 PM 2:11

CLERK OF THE CLERK OF THE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14 NE 1 Ave

3. Mailing Address

14 NE 1 Ave

Suite, Apt. #, etc.

1009

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

US

Zip

33132

Country

US

4. FEI Number

65-0385626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Angel Meana

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

14 NE 1 Ave

1009

City

Miami

FL

Zip Code

33132

**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.

SIGNATURE

A. MEANA

Angel Meana

1-31-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Angel Meana
14 NE 1 Ave, #1009
Miami, FL 33132

TITLE
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CITY-ST-ZIP

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***300.00 ***300.00

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

SIGNATURE:

A. MEANA

Angel Meana

1-31-02

305-373-7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2012

Angel's Chain & Design, Inc.
14 NE 1st Avenue, Ste. 1009
Miami, FL 33132

1-31-02

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P93000009245

To Whom It May Concern:

It has just come to my attention that my corporation has been administratively dissolved for not filing its 2001 Uniform Business Report.

Please be advised that my mailing address had changed and I never received my renewal notices. As such, I have included a blank report, which I have filled out along with a check to cover my filing fees for last year and for this year.

Please accept this in full satisfaction of my year 2001 and 2002 filing requirements.

Thank you,



Angel Meana
President