

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

FILED

DOCUMENT # P93000009245

1. Entity Name

Angel's Chain & Design, Inc.



04 FEB -5 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14 N.E. 1st Avenue

3. Mailing Address
14 N.E. 1st Avenue

Suite, Apt. #, etc.
1009

Suite, Apt. #, etc.
1009

City & State
Miami, FL

City & State
Miami, FL

Zip
33132

Country

Zip
33132

Country

4. FEI Number
650385626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Meana, Angel

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

14 N.E. 1st Avenue

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

SIGNATURE

A. Meana

Angel Meana

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

PD
Angel Meana
14 NE 1st Avenue
Miami, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000028411610
02/09/04--01047--020 **300.00

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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:

A. Meana

Angel Meana, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

#P93000009245

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

1/28/2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P93000009245

To Whom It May Concern:

It has just come to my attention that my corporation has been dissolved for not filing its 2003 Uniform Business Report.

My mailing address has changed, and I never received my renewal documents.

Enclosed is a report that I have filled out, along with a check for \$300.00 in order to cover the cost of filing for 2003 and 2004 filing fees.

Please accept this in full satisfaction of my filing requirements and abate any penalty that I may have been assessed.

Thank you,

Angel Meana
President

A. MEANA