

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044859

1. Entity Name
ANGEL AMBASSADORS, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90027 009 ***150.00

Principal Place of Business

**801 SO. BAYSHORE DR
APT 764
MIAMI FL 33131**

Mailing Address

**2742 BISCAYNE BLVD
MIAMI FL 33131**

2. Principal Place of Business

801 Brickell Bay Drive

Suite, Apt. #, etc.

Apt. 764

City & State

Miami, Florida 33131

Zip

Country

USA

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0484472**

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

**TUSET, ANGEL
801 SO. BAYSHORE DR
MIAMI FL 33131**

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **TUSET, ANGEL**
STREET ADDRESS **801 SO. BAYSHORE DR #764**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PTSD** ☒ Change ☐ Addition
NAME **Maria Angelica Tuset Jorratt**
STREET ADDRESS **801 Brickell Bay Drive, #764**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

Angel Tuset
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

1/25/01

Date

Daytime Phone #

CR2E034 (10/00)