

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90222 028 ***185.00

DOCUMENT # P95000007085

1. Entity Name
 HORANGEL, INC.

Principal Place of Business **Mailing Address**
 1865 BRICKELL AVE #A207 1865 BRICKELL AVE #A207
 MIAMI, FL 33129 MIAMI, FL 33129

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0599565 **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**

Name
 Aida E. Briele, CPA
 Street Address (P.O. Box Number is Not Acceptable)
 2701 LeJeune Road Suite 300
 City
 Coral Gables FL Zip Code 33134

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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD De Tirigall, Angela C.G 1865 Brickell Ave #A207 Miami, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tirigall, Horacio G 1865 Brickell Ave #A207 Miami, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Angela de Tirigall* **4/20/00** **(305) 443-5768**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: HORANGEL, INC.
2. The mailing address of the corporation is: 2701 Le Jeune Rd Ste 300
Coral Gables, FL 33134
3. Date of incorporation/qualification: 1/23/95 Document number: P95000007085
4. The name and address of the current registered agent and office:

Leslie Alan Schere, P.A.
1865 BRICKELL AVE #A207
MIAMI, FL 33129

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BRIELE & ECHEVERRIA, P.A.
AIDA BRIELE
2701 LE JEUNE RD. STE 300
CORAL GABLES, FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Angela C.G. de Tirisal
(Signature of an officer, chairman or vice chairman of the board)

4.17.00
(Date)

ANGELA C.G. DE TIRISAL, PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

A. Briele
(Signature of Registered Agent)

4.17.00
(Date)

If signing on behalf of an entity:

AIDA E. BRIELE
(Typed or Printed Name)

PRES BRIELE & ECHEVERRIA,
(Capacity) P.A.

*** FILING FEE: \$35.00 ***