

DOCUMENT # P95000081308

1. Entity Name
TEEN ANGEL, INC.

Principal Place of Business
2897 STIRLING ROAD
FT. LAUDERDALE FL 33312
US

Mailing Address
3731 N. 55 AVENUE
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

2905 Stirling Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL. Lauderdale, FL

4. FEI Number 65-0620347

Applied For

Not Applicable

Zip

Country

Zip

Country

33312

U.S.A.

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

KOVLER, ANDREW
3731 N. 55 AVE.
HOLLYWOOD FL 33021

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

ANDREW KOVLER

01/06/01

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 P ☐ Delete
NAME KOVLER, KERRI
STREET ADDRESS 3731 N. 55TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KOVLER, ANDREW
STREET ADDRESS 373 N 55TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREW KOVLER 01/06/01 954-984-4793

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90032 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)