

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-19-2001 90033 047 ***150.00

DOCUMENT # P96000054303

1. Entity Name

ANG RESOURCES, INC.

Principal Place of Business

Mailing Address

2560 S OCEAN BLVD
 STE 605
 PALM BEACH FL 33480
 US

19355 TURNBERRY DR. - 7F
 AVENTURA FL 33180

33981

2. Principal Place of Business

3. Mailing Address

2560 SO. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

605

City & State

City & State

PALM BEACH FL4. FEI Number **65-0771993**

Applied For

Not Applicable

Zip

Country

Zip

Country

33480**US**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

MERLER, LEONARD
2560 SO OCEAN BLVD
SUITE 605
PALM BEACH FL 33480

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
GARDNER, ALBERT N
19355 TURNBERRY WAY 7F
AVENTURA FL 33180

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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DVP
MERCER, LEONARD
2560 SO. OCEAN BLVD
PALM BEACH FL 33480

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☐ Change ☐ Addition

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:

Albert Gardner **ALBERT GARDNER**

3/14/01

561-5881325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leonard Mercer **LEONARD MERCER**

3/30/01

561-5881325

CR2E034 (10/00)