

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069283

1. Entity Name

ANGELA TRADING CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90282 015 ***150.00

Principal Place of Business

Mailing Address

10302 NW S. RIVER DR., BAY #23
 MEDDLEY FL 33178

10302 NW S. RIVER DR., BAY #23
 MEDDLEY FL 33178-1331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5901 N.W. 151th STREET

5901 N.W. 151 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

SUITE 102

City & State

City & State

MIAMI LAKES - FL.

MIAMI LAKES - FL.

4. FEI Number

65-0692928

Applied For

Not Applicable

Zip

Country

Zip

Country

33014

33014

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

GUERRA, JANET R
 10302 NW S. RIVER DR., BAY #23
 MEDDLEY FL 33178

Name

GUERRA, JANET R.

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

5901 N.W. 151 STREET - SUITE 102

City

MIAMI LAKES - FL.

FL

Zip Code

33014

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, 2000 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 ☐ Delete
 NAME DP
 STREET ADDRESS SANCHEZ-BAUTE, ANGELA R
 CITY-ST-ZIP 8858 NW 188 TER.
 MIAMI FL 33015

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

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS PARRA-CARABALLO, LUIS H
 CITY-ST-ZIP 8858 NW 188 TER.
 MIAMI FL 33015

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

04-27-00 (805) 3185231

CR2E034 (9/99)