

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90057 023 ***150.00

DOCUMENT # P96000069392

1. Entity Name
ANGELS LIMA & SANTOS EXPORT, INC.



Principal Place of Business Mailing Address
8580 NW 72nd STREET
MIAMI, FL 33166

2. Principal Place of Business
8580 NW 72nd STREET
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

4. FEI Number
65-0695593

Applied For
Not Applicable

Zip
33166

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANTOS, JOSE G
8580 NW 72nd STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The undersigned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the responsibility of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/30/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ Delete
NAME **SANTOS, JOSE G**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **SANTOS, MARIA C**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **SANTOS, JOSE G.**
STREET ADDRESS **8580 NW 72nd STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **TD** ☒ Change ☐ Addition
NAME **SANTOS, MARIA C.**
STREET ADDRESS **8580 NW 72nd STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

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

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

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

12. 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; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or removed, from the report with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

01/30/03

(305) 597-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)