## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P96000074030** 01-19-2000 90308 039 \*\*\*150.00 YABAMIAH BY ANGEL, INC. Principal Place of Business Mailing Address 3911 N.E. 22ND AVENUE 275 VIA ROSADA DOCA RATON FL 33432 FT. LAUDERDALE FL 33308-5621 802212 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0695357 Not Applicable - Gountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RASCHKOVSKY, ANGELA Street Address (P.O. Box Number is Not Acceptable) 3911 N.E. 22ND AVENUE FT. LAUDERDALE FL 33308 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition ☐ Delete TITLE RASCHKOVSKY, ANGELA NAME NAME STREET ADDRESS STREET ADDRESS 3911 N.E. 22ND AVENUE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33308 ☐ Change ☐ Addition ήπιε ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ĊITY-ST-ZIP ☐ Change ☐ Addition Delete -TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS 特别特别的 自由自己的自己的 自己的 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:

Date

Daytime Phone #