

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90026 033 ***150.00

DOCUMENT # P97000034765

1. Entity Name
ANGEL PRIMUS CORPORATION

Principal Place of Business
423 E. OAKLAND PK BLVD.
OAKLAND PARK FL 33334

Mailing Address
6003 NW 31ST AVENUE
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0752461**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GUEDES, CARLOS H
11785 ROYAL PALM BLVD. #202
CORAL SPRINGS FL 33067

Name
JOSE CARLOS DE OLIVEIRA GUEDES

Street Address (P.O. Box Number is Not Acceptable)
5757 COLLINS AVE. # 902

City **MIAMI BEACH** **FL** **Zip Code** **33140**

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  **JOSE CARLOS GUEDES (PRESIDENT)** **05-01-02**

Signature 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☒ **Delete**
NAME **GUEDES, CARLOS**
STREET ADDRESS **11785 ROYAL PALM BLVD. #202**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **PRESIDENT** ☒ **Change** ☒ **Addition**
NAME **JOSE CARLOS DE OLIVEIRA GUEDES**
STREET ADDRESS **5757 COLLINS AVE. # 902**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:  **JOSE CARLOS GUEDES** **05-01-02** **(954) 561-7596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)