

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040191

1. Entity Name

ANGIE'S UNISEX, CORP.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90064 017 ***150.00

Principal Place of Business

2336 N.W. 34TH STREET
MIAMI FL 33142

Mailing Address

9010 SW 137TH AVE
STE 113
MIAMI FL 33186-1437
US

2. Principal Place of Business

17940 NW 63 Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.,

City & State

4. FEI Number

65-0775765

Applied For

Not Applicable

Zip

33015

Country

USA

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

CASTILLO, ANGELA M

2336 N.W. 34TH STREET
MIAMI FL 33142

Name

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

17940 N.W. 63 Ct.

City

MIAMI

FL

Zip Code

33015

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)

4/28/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASTILLO, ANGELA M
2336 N.W. 34TH STREET
MIAMI FL 33142

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
17940 N.W. 63 Ct.
MIAMI, FL., 33015

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ESPINOSA, A
1000 NW 155 LN 420
MIAMI FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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: *Angela M. Castillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA M. CASTILLO

4/28/00

Date

Daytime Phone #