

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078858

1. Entity Name  
ANGELA'S UNISEX, INC.

Principal Place of Business Mailing Address  
7251 CORAL WAY 7251 CORAL WAY  
MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0782108 Applied For  
Not Applicable

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

SILVERIO, MARIA E  
7251 CORAL WAY  
MIAMI FL 33155

Please change  
Mailing address  
to: →

Name MARIA E. SILVERIO  
Street Address (P.O. Box Number is Not Acceptable)  
16051 SW 42 TERRACE  
City MIAMI FL Zip Code 33185

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 \_\_\_\_\_ (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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 PTD  
NAME SILVERIO, MARIA E  
STREET ADDRESS 7251 CORAL WAY 16051 SW 42 TERR  
CITY-ST-ZIP MIAMI FL 33155 MIAMI FL 33185

TITLE SD  
NAME SILVERIO, MANUEL  
STREET ADDRESS 7251 CORAL WAY 16051 SW 42 TERR  
CITY-ST-ZIP MIAMI FL 33155 MIAMI FL 33185

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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: \_\_\_\_\_ (NOTE: Signature required)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/4/2001 Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State  
09-10-2001 90054 009 \*\*\*\$50.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)