

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093064

1. Entity Name

ANGELIS ART GALLERY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90169 047 ***150.00

Principal Place of Business

150 WORTH AVE
SUITE 211
PALM BEACH FL 33480
US

Mailing Address

150 WORTH AVE
SUITE 211
PALM BEACH FL 33480-4480
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

219

City & State

Zip

Country

Suite, Apt. #, etc.

219

City & State

Zip

Country

4. FEI Number

65-0790191

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

CARBALLO, JOSEPH A
CARBALLO & PAPE, P.A.
11900 BISCAYNE BLVD SUITE 268
NORTH MIAMI FL 33181

Name

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

City

FL

Zip Code

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)

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
SERRANO MARTINEZ, MARIA DE LOS A
150 WORTH AVE SUITE 211
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
150 WORTH AVE SUITE 219
PALM BEACH, FL 33480-4480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIBERT, LUIS MARQUETA
150 WORTH AVE SUITE 211
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
150 WORTH AVE SUITE 219
PALM BEACH, FL 33480-4480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/2000

Date

Daytime Phone #

CR2E034 (9/99)