

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90034 013 ***150.00

DOCUMENT # P98000062968

1. Entity Name

MARANGELLI INVESTMENTS, INC.

Principal Place of Business

1820 N.W. 33RD STREET
 OAKLAND PARK FL 33309

Mailing Address

1820 N.W. 33RD STREET
 OAKLAND PARK FL 33309

2. Principal Place of Business

2219 SE 15 ST

3. Mailing Address

2219 SE 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0850872

Applied For

Not Applicable

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

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

MARANGELLI, ANGELA
 1820 N.W. 33RD STREET
 OAKLAND PARK FL 33309

Name
 MARANGELLI ANGELA

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

2219 SE 15 ST

City

POMPANO BEACH

FL

Zip Code

33062

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.

ANGELA MARANGELLI P.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	MARANGELLI, ANGELA	
STREET ADDRESS	1820 N.W. 33RD STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

ANGELA MARANGELLI

ANGELA MARANGELLI

4-30-01

951 943-1747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)