## 2003 FOR PROFIT CORPORATION

## FILED Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000096226 DOCUMENT # 04-17-2003 90598 019 \*\*\*150.00 1. Entity Name ANGELUS BOTANICA, INC. Mailing Address Principal Place of Business 6777 N.W. 7TH AVENUE 6777 N.W. 7TH AVENUE # 1 MIAMI FL 33150-4100 MIAMI FL 33150-4100 US 3. Mailing Address 2. Principal Place of Business. 38TK ST. 38 TX 557. 5411 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0877532 HOLLVWOOD $H\sigma UV$ 1W000 Not Applicable Country \$8.75 Additional AZU 33023 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOPROWSKI, PAUL A Street Address (P.O. Box Number is Not Acceptable) 10031 PINES BOULEVARD SUITE 224 PEMBROKE PINES FL 33024 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10 ☐ Addition TITLE ☐ Defete TITLE CESAR, COLETTE NAME NAME 19501 N.E. 19TH AVENUE STREET ADORESS STREET ADDRESS NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. 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 10 or Block 11 if COUETTE

NAME.

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

Change

Addition