

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90101 032 ***150.00

DOCUMENT # P99000044581

1. Entity Name

ANGEL PATH, INC.

Principal Place of Business

Mailing Address

8885 FOUNTAINBLEAU BLVD. #205
 MIAMI FL 33172

8885 FOUNTAINBLEAU BLVD. #205
 MIAMI FL 33172-6423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4315 NW 7TH ST

4315 NW 7TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#48

#48

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33126

USA

33126

USA

4. FEI Number

Applied For

05-0951055

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

MESA, ANTONIO

8885 FOUNTAINBLEAU BLVD. #205
MIAMI FL 33172

Name

MESA ANTONIO

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

4315 NW 7TH ST #48

City

MIAMI

FL

Zip Code

33126

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.

ANTONIO MESA
REGISTERED AGENT

03/10/00

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 **DP** ☐ Delete
 NAME **MESA, ANTONIO**
 STREET ADDRESS **8885 FOUNTAINBLEAU BLVD. #205**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DP** ☒ Change ☐ Addition
 NAME **MESA ANTONIO**
 STREET ADDRESS **4315 NW 7TH ST. #48**
 CITY-ST-ZIP **MIAMI, FL. 33126**

TITLE **ST** ☐ Delete
 NAME **LIRA, LIDA**
 STREET ADDRESS **8885 FOUNTAINBLEAU BLVD. #205**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **ST** ☒ Change ☐ Addition
 NAME **LIRA, LIDA**
 STREET ADDRESS **4315 NW 7TH ST #48**
 CITY-ST-ZIP **MIAMI, FL. 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

PRESIDENT

SIGNATURE: *

ANTONIO MESA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/10/00 (305) 445-2055

CR2E034 (9/99)