

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90004 050 ***150.00

006341

DOCUMENT # P99000060382

1. Entity Name

SIXANGEL PRODUCTION CORP.

Principal Place of Business

25 SOLANDRA 301 S DR
ORLANDO FL 32807

Mailing Address

301 S SOLANDRA DR
SUITE #2
ORLANDO FL 32807

2. Principal Place of Business

5349 Commander Dr.

3. Mailing Address

P.O. Box 678737

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

City & State

Orlando, FLA.

City & State

Orlando, FLA.

Zip

32822

Country

U.S.A.

Zip

32867

Country

4. FEI Number

59-3640185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, JULIO

**8614 BRACKENWOOD DR.
ORLANDO FL 32829**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete

NAME **CUEVAS, SIXTO**
STREET ADDRESS **7524 SNYDER DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete

NAME **MELENDEZ, ANGEL R**
STREET ADDRESS **7524 SNYDER DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OFFICER** ☐ Change ☒ Addition

NAME **Cuevas Sixto Jr.**
STREET ADDRESS **5349 Commander Dr. #306**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE **OFFICER** ☐ Change ☒ Addition

NAME **ABDY CUEVAS**
STREET ADDRESS **5349 Commander Dr. #306**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE **OFFICER** ☐ Change ☒ Addition

NAME **ABDY CUEVAS**
STREET ADDRESS **5349 Commander Dr. #306**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-01

Date

Daytime Phone #

(407) 482-1152

CR2E034 (10/00)