FILED
Jul 10, 2000 8:00 am
Secretary of State

05-08-2000 90200 032 ***150.00

100016

DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065672

1. Entity Name
ARCANGEL CORPORATION

Principal Place of Business
7180 SW 103 COURT CIRCLE
MIAMI FL 33173

Mailing Address
7180 SW 103 COURT CIRCLE
MIAMI FL 33173-1512

2. Principal Place of Business: Same
Suite, Apt. #, etc.:
City & State: Same
Zip: | Country:

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State: Same
Zip: | Country:

4. FEI Number: 65-0939246 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORARATE CREATIONS ENTERPRISES INC
941 4TH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name: MARIA C. BORCI
Street Address: 10281 NW 46 STREET
City: MIAMI FL Zip Code: 33178

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] MARIA BORCI 6-29-00
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

TITLE	D	☐ Delete
NAME	VIGILANTE, MARCELA V	
STREET ADDRESS	7180 SW 103 COURT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	☐ Delete
NAME	RICCOBON, MARIA C	
STREET ADDRESS	7180 SW 103 COURT CIRCLE	
CITY-ST-ZIP	MIAMI FL 33173	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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] REQUIRED 4-25-00 305-470-1273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #