

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068102

1. Entity Name

ANGELUS INTERNATIOAL CORP.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90949 037 ***150.00

Principal Place of Business
1101 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

Mailing Address
1101 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

00058573

2. Principal Place of Business
6253 WESTGATE DRIVE

3. Mailing Address
6253 WESTGATE DRIVE

Suite, Apt. #, etc.

#1405

Suite, Apt. #, etc.

#1405

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
65-0937245

Applied For
Not Applicable

Zip
32835

Country
USA

Zip
32835

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PENA, J. DAVID P.A.
1101 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
JARAMILLO, JUAN C.

Street Address (P.O. Box Number is Not Acceptable)
6253 WESTGATE DRIVE #1405

City
ORLANDO

FL

Zip Code
32835

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.

JUAN C. JARAMILLO

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JARAMILLO, JUAN CARLOS
1101 BRICKELL AVENUE
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

6253 WESTGATE DRIVE #1405
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

JUAN C. JARAMILLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/01 407-832-0300

CR2E034 (11/00)