

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90196 001 ***150.00

DOCUMENT # P99000071230

1. Entity Name

ANGEL'S WOOD AND DESIGN INC.

Principal Place of Business

912 NE 7 ST
 HALLANDALE FL 33009
 US

Mailing Address

912 NE 7 ST
 HALLANDALE FL 33009
 US

2. Principal Place of Business

17773 VALENCIA BLVD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

LOXAHATCHEE FL

Zip

33470

Country

U.S.A

Zip

33470

Country

U.S.A

4. FEI Number

65-0939153

Applied For

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

ANGEL, RAFAEL E

912 NE 7 ST

HALLANDALE FL 33009

Name

Rafael E. ANGEL

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

17773 VALENCIA BLVD

City

LOXAHATCHEE

FL

Zip Code

33470

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SCCM	☒ Delete
NAME	ANGEL, RAFAEL E	
STREET ADDRESS	912 NE 7 ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
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		

TITLE	SCCM	☒ Change ☐ Addition
NAME	RAFAEL E ANGEL	
STREET ADDRESS	17773 VALENCIA BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
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		
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

4/11/01

(561) 792-3671

Daytime Phone #

CR2E034 (10/00)