

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072203

1. Entity Name

ANGELA BUSINESS CAPITAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90963 029 ***150.00

Principal Place of Business

1221 EAST ROBINSON STREET
 ORLANDO FL 32801

Mailing Address

1221 EAST ROBINSON STREET
 ORLANDO FL 32801-2115

2. Principal Place of Business

6644 Imperial Oaks Ln

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3634893

Applied For

Not Applicable

Zip

32819

Country

US

Zip

Country

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

FONG, DAVID

1221 EAST ROBINSON STREET
 ORLANDO FL 32801

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, 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 P ☐ Delete
 NAME YI, JIN
 STREET ADDRESS 8826 C. CORAL PALM COURT
 CITY-ST-ZIP KISSIMMEE FL 34727

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

TITLE VP ☐ Delete
 NAME YI, YOON
 STREET ADDRESS 8826 C. CORAL PALM COURT
 CITY-ST-ZIP KISSIMMEE FL 34727

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

TITLE ☐ Delete
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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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.2000. 758-5290 (407)

CR2E034 (9/99)