## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 22, 2002 8:00 am Secretary of State DOCUMENT # P99000082327 1. Entity Name ANGELS REALTY CORPORATION 05-22-2002 90198 008 \*\*\*150.00 Principal Place of Business Mailing Address 8788 S.W. 8TH ST. 8788 S.W. BTH ST. B0109493 **MIAMI FL 33174 MIAMI FL 33174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0960010 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA-LOO, BLANCA E Street Address (P.O. Box Number is Not Acceptable) 8788 SW 8TH ST MIAMI FL 32174 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (9/01)**PSD** TITLE ☐ Delete TITLE Change ☐ Addition GARCIA-LOO, BLANCA E NAME NAME CR2E034 ( 2815-46 ST., SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME BALCEIRO, JACKELYN NAME STREET ADDRESS 2815-46 ST., SW STREET ADDRESS CITY-ST-ZIE NAPLES FL 34116 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME VELIZ, JOSE L NAME STREET ADDRESS 8788 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP