

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000102019**

1. Entity Name

ANGEL PRODUCTIONS INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90181 033 ***150.00

Principal Place of Business

8016 N.W. 68TH ST.
MIAMI FL 33166

Mailing Address

8016 N.W. 68TH ST.
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

14641 Sheridan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL4. FEI Number **65-0972419**

Applied For

Not Applicable

Zip

Country

Zip
33330Country
USA5. 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

HERNANDEZ, ANGEL
8016 N.W. 68TH ST.
MIAMI FL 33166

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HERNANDEZ, ANGEL 8016 N.W. 68TH ST. MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14641 Sheridan Street FORT Lauderdale, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESTRIL, MILDRED A 8016 NW 68 ST MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14641 Sheridan Street Fort Lauderdale, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**Mildred A. Mestrel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/31/01**
Date**305-597-9779**
Daytime Phone #

CR2E034 (10/00)