2001	UNIFORM B	USINESS REP	3R)	FILED					
DOCUMENT # V44791 1. Entity Name ANGIE ANGELIS, P.A., ATTORNEY AT LAW					Apr 24, 2001 08:00 AM Secretary of State				
Principal Plac 9000 sw 87TH 214 MIAMI 33174		Mailing Address 9000 sw 87TH COURT 214 MIAMI 33174	FL US						
	face of Business	3. Mailing Address					-		
9000 SW 87TH Suite, Apt. SUITE 214		9000 SW 87TH COURT Suite, Apt. #, etc. SUITE 214			DO NOT W	RITE IN THIS SPAC	 E	_	
City & State	e FL	City & State	FL	I	FEI Number 5-0339905		Applied I		
Zip 33176	Country us	Zip 33176	Country us	T	Certificate of Status Desired		75 Additional Required		
	6. Name and Address of Co	urrent Registered Agent			Name and Address of Nev				
ANGELIS, A	ANGIE		Nam ANG	e IE ANGELIS, P.A					
	TH COURT #214	FL	Stree		ox Number is Not Accepta	ble)			
33174	US		City MIAI	MI			Ip Code	·	
8. The above	named entity submits_this stater	nent for the purpose of changing	its registered office	or registered ag	ent, or both, in the State of	Florida.			
SIGNATURE .	ANGIE ANGELIS Signature, typed or printed name of registere		OTE: Registered Agent sig	gnature required when re	instating)	- 04/24/200 DATE	<u>01</u>		
Tax filing r	oration is eligible to satisfy its Inte equirement and elects to do so, ria on back)	FILE NOI After MAY 1, Make Check Pay		\$550.00	10. Election Campaign Trust Fund Contribu		\$5.00 May Added to Fer	y Be es	
11.		AND DIRECTORS	12.	AD.	DITIONS/CHANGES TO C	FFICERS AND DIRE	CTORS IN 1	1	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGELIS, ANGIE 9000 SW 87TH COURT SUIT	□ Delete TE 214 FL 33174	TITLE NAME STREET ADDRE CITY-ST-ZIP	P ANGIE ANO SS 9000 SW 87 MIAMI	GELIS, P.A. TH COURT SUITE 214	FL 3317	•	Addition	:034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	ss			Change A		CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			Change A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ŝs			Change A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			Change 🔲 A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP					Addition	
of the cor	poration or the receiver or trustee	ed with this filing does not qualify eport is true and accurate and that e empowered to execute this rep dress, with all other like empowere	it my signature sna ort as required by f	ili nava ina coma i	legal ettect se it mada und	ar aath; faat I am an	officer or dire	sotor I	
SIGNAT		ED OR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR	P	04/24/2001 Date	Daytime i	Phone #		