

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90022 009 ****70.00

DOCUMENT # 730565

1. Entity Name

ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

200 SAN LORENZO AVE
 CORAL GABLES, FL 33146
 US

200 SAN LORENZO AVE
 CORAL GABLES FL 33146-1821
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1557645

Applied For

Not Applicable

Zip

Country

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

KAHN, GILBERT
10 EDGEWATER DR
CORAL GABLES FL 33156

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COBD	<input type="checkbox"/> Delete
NAME	KAHN, GILBERT S	
STREET ADDRESS	4975 N KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	BLAIR, BETTY EVE	
STREET ADDRESS	4975 N KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 3	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, KAY	
STREET ADDRESS	2075 IXORA RD, KEYSTN PT	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANO, BARRIE	
STREET ADDRESS	13511 NE 24 COURT	
CITY-ST-ZIP	N MIAMI, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SONDERLING, FROSENTE	
STREET ADDRESS	4403 PINETREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

SANO
SANO

Date

Daytime Phone #

2/25/00 305-445-2524
2/25/00 305-445-2524