

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90004 039 ****61.25

DOCUMENT # 744431

1. Entity Name

DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

6591 SW 45 ST
 DAVIE FL 33314
 US

D.O. C.O.H.
 P.O. BOX 290505
 DAVIE FL 33329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0182722

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

NUNEZ, ARLENE
3230 S.W. 121ST AVENUE
DAVIE FL 33325

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	ORTIZ-DAVIS, IRAIDA	2893 S EDGEHILL LANE	COOPER CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	KERN, VALERIE	4430 NE 30TH AVENUE	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>	D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	SANTARONE, STACY	5001 ARTHUR ST	HOLLYWOOD FL	<input type="checkbox"/>	VPD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FANKHAUSER, SANDRA	4711 S.W. 186TH AVE.	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>	SD	JENNY DEASON	4850 B MARTINERS WAY	COCONUT CREEK, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DEERING, LYNN	6143 S.W. 4TH STREET	MARGATE FL 33068	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	GODINA, CAROL	1513 S.W. FIFTH COURT	FORT LAUDERDALE FL 33312	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01

954-838-2769

CR2E037 (10/00)