2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am Secretary of State **DOCUMENT # 744431** DOG OBEDIENCE CLUB OF HOLLYWOOD, INC. 03-05-2002 90095 021 ****61.25 Principal Place of Business Mailing Address 6591 SW 45 ST D.O. C.O.H. DAVIE FL 33314 P.O. BOX 290505 DAVIE FL 33329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0182722 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NUNEZ, ARLENE 3230 S.W. 121ST AVENUE DAVIE FL 33325 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) Make Check Payable to , . . 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE PD Delete TITLE NAME NAME Ortiz-davis, Iraida STREET ADDRESS STREET ADDRESS 2893 S EDGEHILL LANE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL Detete Change Addition TITLE D TITLE NAME DOAN, HAROLD KERN, VALERIË NAME STREET ADDRESS STREET ADDRESS 4430 NE 30TH AVENUE 6719 SEGOVIA CITY-ST-ŽIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ORT LANDERDAVE Change Addition **VPD** TITLE TITLE Delete NAME NAME SANTARONE, STACY STREET ADDRESS STREET ADDRESS **5001 ARTHUR ST** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL (Change ☐ Addition ☐ Delete TITLE TITLE 下D DEASON, JENNY NAME NAME STREET ADDRESS STREET ADDRESS 4850 B MARINERS WAY CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete TITLE Change ☐ Addition TITLE NAME DEERING, LYNN NAME STREET ADDRESS STREET ADDRESS 6143 S.W. 4TH STREET CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 Change ☐ Addition TITLE TD ☐ Delete TITLE Sv NAME NAME **GODINA, CAROL** STREET ADDRESS STREET ADDRESS 1513 S.W. FIFTH COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 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.

OF HOWYWOOD +AC

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED