2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
07-25-2001 90006 013 ***550.00

014318 8P

C00074238

DO NOT WRITE IN THIS SPACE

DOCUMENT # J67714

1. Entity Name
EXTRA CARE ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
11372 STATE ROAD 84	11372 SR 84
DAVIE FL 33325	DAVIE FL 33325
	US

2. Principal Place of Business	3. Mailing Address
950 S. Flamingo Rd	950 S. Flamingo Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL	City & State: Davie FL
Zip: 33325 — Country: US ~~Broward~~	Zip: 33325 — Country: US Broward

4. FEI Number 59-2809329 ☐ Applied For ☐ Not Applicable

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
SALEH, MUSTAFA	Name
11372 STATE ROAD 84	Street Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33325	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 $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. 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	PD SALEH, MUSTAF 11372 SR 84 DAVIE FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Saleh, Mustafa 950 S. Flamingo Rd Davie FL 33325 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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: x SIGNATURE REQUIRED [signature] 7/16/01 (954)370-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #