

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90183 014 ****61.25

DOCUMENT # N02000005767

1. Entity Name
GULFSTREAM GUARDIAN ANGEL ROTTWEILER RESCUE, INC



Principal Place of Business
**2950 SW 103 AVENUE
MIAMI FL 33165**

Mailing Address
**2950 SW 103 AVENUE
MIAMI FL 33165**

0055720



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

542072863

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

**ACOSTA, GRACE
2950 SW 103 AVENUE
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **ACOSTA, GRACE**
STREET ADDRESS **2950 SW 103 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **ZEAK, MARIE**
STREET ADDRESS **400 MAC ARTHUR CIRCLE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **BOONE, CELIA T**
STREET ADDRESS **POST OFFICE BOX 1181**
CITY-ST-ZIP **ABILENE TX 79604**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **CRESPO, CATHERINE**
STREET ADDRESS **7870 NW 5 PLACE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **DYAR, JANE**
STREET ADDRESS **2731 SW 17 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **FENNELL, SUSAN**
STREET ADDRESS **7166-118 STREET**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change 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: *Catherine Crespo*

CATHERINE CRESPO 2-18-03

954-463-6363

CR2E037 (10/02)