

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90180 011 \*\*\*\*61.25

0035268

**DOCUMENT # N04162**

1. Entity Name

**SAVE A PET FLORIDA, INC.**



Principal Place of Business

**C/O BERTRAM SHAPERO, ESQUIRE  
120 OLIVE AVENUE, SUITE 301  
WEST PALM BEACH FL 33401-5532  
US**

Mailing Address

**C/O BERTRAM SHAPERO, ESQUIRE  
120 OLIVE AVENUE, SUITE 301  
WEST PALM BEACH FL 33401-552  
US**

2. Principal Place of Business

3. Mailing Address

**BLVD-407  
1128 ROYAL PALM BEACH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33411**

4. FEI Number **59-2425726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPERO, BERTRAM M.  
120 OLIVE S.  
STE 301  
WEST PALM BEACH FL 33401**

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          | <b>PD</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>MAXWELL, GERTRUDE</b>              |                                            |
| STREET ADDRESS | <b>1473 NORTH OCEAN BLVD.</b>         |                                            |
| CITY-ST-ZIP    | <b>PALM BEACH FL</b>                  |                                            |
| TITLE          | <b>SD</b>                             | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SANDOVAL, INA</b>                  |                                            |
| STREET ADDRESS | <b>1412 CREST DRIVE</b>               |                                            |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>                  |                                            |
| TITLE          | <b>TD</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>ALLEN, NORMA</b>                   |                                            |
| STREET ADDRESS | <b>127 PERUVIAN AVE.</b>              |                                            |
| CITY-ST-ZIP    | <b>PALM BEACH FL</b>                  |                                            |
| TITLE          | <b>GC</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>BERTRAM, SHAPERO</b>               |                                            |
| STREET ADDRESS | <b>120 OLIVE AVENUE, S, SUITE 301</b> |                                            |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL</b>             |                                            |
| TITLE          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JANET EAGEN</b>                    |                                            |
| STREET ADDRESS | <b>3546 S. OCEAN BLVD</b>             |                                            |
| CITY-ST-ZIP    | <b>PALM BCH FL</b>                    |                                            |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |                                            |
| STREET ADDRESS |                                       |                                            |
| CITY-ST-ZIP    |                                       |                                            |

|                |                                   |                                                                              |
|----------------|-----------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |                                                                              |
| STREET ADDRESS | <b>1700 S. OCEAN BLVD</b>         |                                                                              |
| CITY-ST-ZIP    | <b>PALM BEACH, FL 33480</b>       |                                                                              |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MELTZER, FRED</b>              |                                                                              |
| STREET ADDRESS | <b>5190 LAKE WORTH RD</b>         |                                                                              |
| CITY-ST-ZIP    | <b>GREEN ACRES CITY, FL 33463</b> |                                                                              |
| TITLE          | <b>T</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                   |                                                                              |
| STREET ADDRESS |                                   |                                                                              |
| CITY-ST-ZIP    |                                   |                                                                              |
| TITLE          | <b>GCD</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                   |                                                                              |
| STREET ADDRESS |                                   |                                                                              |
| CITY-ST-ZIP    |                                   |                                                                              |
| TITLE          | <b>S</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LIVELY, CATHY</b>              |                                                                              |
| STREET ADDRESS | <b>6801 LAKE WORTH RD,</b>        |                                                                              |
| CITY-ST-ZIP    | <b>LAKE WORTH, FL 33467-2974</b>  |                                                                              |
| 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: **BERTRAM SHAPERO, 561-8326660**

CR2E037 (10/02)