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

FILED
May 23, 2003 8:00 am
Secretary of State
04-21-2003 90475 025 ****70.00

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DOCUMENT # N96000006098

1. Entity Name
DALMATIAN RESCUE, INC.

Principal Place of Business	Mailing Address
972 N.E. 151 STREET NORTH MIAMI BEACH FL 33162	972 N.E. 151 STREET NORTH MIAMI BEACH FL 33162

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2006801 ☐ 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
DANE, PATRICIA 972 N.E. 151 STREET NORTH MIAMI BEACH FL 33162	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUGAMA, HEVER 3090 NW 98 ST MIAMI FL 33147	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATRICIA DANE D 972 NE 151 ST. N Miami Bch Fl. 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LITTLER, JAMES 10839 SW 88 ST 513 MIAMI FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARK DANE D 972 NE 151 ST. N Miami Bch Fl. 33162	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LITTLER, MARIA 10839 SW 88 ST 513 MIAMI FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ingrid Skiff D 4700 SW 172 Ave Ft. Lauderdale Fl. 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KMICI MIRSKY, LEANNA 200 CITY HALL DR LAUDERHILL FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Don Skiff D 4700 SW 172 Ave. Ft. Lauderdale, Fl. 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ORTIZ, HEATHER 18113 SW 139 PL MIAMI FL 33177	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOTO, AIDA 2930 NW 88 ST MIAMI FL 33147	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Signature Required 2/28/03 305 940-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #