2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095249 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name WESTWOOD BOARDING HOME, INC. 08-08-2000 90009 046 ***150.00 Mailing Address Principal Place of Business 5301 SW 116 AVE. 5301 SW 116 AVE. MIAMI FL 33165 **MIAMI FL 33165** MUUIA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0295245 Not Applicable 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 Name TORRES, DORIS Street Address (P.O. Box Number is Not Acceptable) 5301 SW 116 AVE. **MIAMI FL 33165** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE D۷ ☐ Delete TITLE ☐ Change Addition TORRES, DORIS NAME NAME 9210 SW 48 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **MIAMI FL 33165** Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

305-275-6227

attachment P94000095249 A0071428

APPARENTLY The ORIGINAL BUSSINESS REPORT.

SENT IN MAY WAS NOT RECEIVED.

The check DID NOT QUAR BANK, I have

POT A STOP PAYMENT.

PLEASE FIND A NEW Check for \$150.00

THANK YOU VERY MUCH!