

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000092890**1. Entity Name  
LOS ANDES KENNELS, INC.Principal Place of Business  
8871 PINELAND  
WEST PALM BEACH FL 33412  
Mailing Address  
PO BOX 33224  
PALM BEACH GARDENS FL 334202. Principal Place of Business  
8871 PINELAND

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WEST PALM BEACH FL

City &amp; State

4. FEI Number  
52-2128029Applied For  
Not ApplicableZip  
33411 Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ZEBALLOS RAUL  
8871 PINELAND  
WEST PALM BEACH FL 33412 US

## 7. Name and Address of New Registered Agent

Name  
ZEBALLOS RAUL  
Street Address (P.O. Box Number is Not Acceptable)  
8871 PINELAND  
City  
WEST PALM BEACH FL Zip Code  
33411

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 \_\_\_\_\_ 03/24/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SEVERYN ALMA I	
STREET ADDRESS	8871 PINELAND	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ZEBALLOS RAUL	
STREET ADDRESS	8871 PINELAND	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERYN ALMA I	
STREET ADDRESS	8871 PINELAND	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBALLOS RAUL	
STREET ADDRESS	8871 PINELAND	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Raul Zeballos**

PSTD 03/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)