

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90190 024 \*\*\*150.00

DOCUMENT # P94000023286

1. Entity Name

PINES WEST ANIMAL HOSPITAL, INC.

Principal Place of Business

18419 PINES BLVD  
PEMBROKE PINES FL 33029  
US

Mailing Address

1489 W. PALMETTA PARK RD  
485  
BOCA RATON FL 33486-3327  
US

2. Principal Place of Business

3. Mailing Address

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0508305

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

USA

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

CANTOR, SAMUEL J  
1489 W. PALMETTO PARK ROAD  
SUITE 485  
BOCA RATON FL 33486

Name  
Cantor, Samuel J.

Street Address (P.O. Box Number is Not Acceptable)  
6700 Broken Sound Pkwy NW

Suite 200

City  
Boca Raton,

FL

Zip Code  
33487

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

*Samuel J. Cantor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

9. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BERG, STEVEN  
STREET ADDRESS 18419 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MEACHAN, LORI  
STREET ADDRESS 18419 PINES BLVD  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven Berg*

Date

4/1/00

Daytime Phone #

954-430-5353

CR2E034 (9/99)