

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90008 012 ***150.00

DOCUMENT # 998000092890

1. Entity Name
LOS ANDES KENNELS, INC.

Principal Place of Business 8871 PINELAND
WEST PALM BEACH, FL 33412

Mailing Address P.O. BOX 33224
PALM BEACH GARDENS
FLORIDA 33420

2. Principal Place of Business

3. Mailing Address
P.O. BOX 33224

Suite, Apt. #, etc.

City & State PALM BEACH GARDENS FLA

Zip 33420 **Country** PALM BEACH

4. FEI Number 52-212 8029

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS
8895 NORTH MILITARY TRAIL #202-D
PALM BEACH GARDENS, FL 33410-6266

7. Name and Address of New Registered Agent

Name RAUL ZEBALLOS

Street Address (P.O. Box Number is Not Acceptable) 8871 PINELAND

City WEST PALM BEACH **FL** **Zip Code** 33412

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 [Signature] **DATE** 04-28-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<u>P.E.T.D.</u>
STREET ADDRESS		STREET ADDRESS	<u>RAUL ZEBALLOS</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>8871 PINELAND</u> <u>WEST PALM BEACH, FL 33412</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<u>V.P.</u>
STREET ADDRESS		STREET ADDRESS	<u>ALMA I. SEVERYN</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>8871 PINELAND</u> <u>WEST PALM BEACH, FL 33412</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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] **DATE** 04-28-2000 **Daytime Phone #** (561) 333-8927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)