

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90144 034 ***150.00

DOCUMENT # P02000009334

1. Entity Name
SNIFFING DOGS, INC.



Principal Place of Business
**4045 SHERIDAN AVE
#384
MIAMI BEACH FL 33140**

Mailing Address
**4045 SHERIDAN AVE
#384
MIAMI BEACH FL 33140**

2. Principal Place of Business
3226 RIVIERA DR
Suite, Apt. #, etc.

3. Mailing Address
3-226 RIVIERA DR.
Suite, Apt. #, etc.

City & State
CORAL GABLES, FL
Zip
33134 Country
USA

City & State
CORAL GABLES FL
Zip
33134 Country
USA

4. FEI Number
57-1159848

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRANOT, JOSEF
4045 SHERIDAN AVE
#384
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name
GRANOT, JOSEF
Street Address (P.O. Box Number is Not Acceptable)
4000 COLLINS AVE # C U 9
City
MIAMI BEACH **FL** Zip Code
33140

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	GRANOT, JOSEF
STREET ADDRESS	4045 SHERIDAN AVE, #384
CITY-ST-ZIP	MIAMI BEACH FL 33140
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY GRANOT
STREET ADDRESS	3226 RIVIERA DR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOT JOSEF
STREET ADDRESS	4045 SHERIDAN AVE # 384
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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	

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2003 305-490-8484

Date

Daytime Phone #

CR2E034 (10/02)