

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90069 029 ***150.00

DOCUMENT # **P02000017230**

1. Entity Name
SILVA'S PET SUPPLY, INC.



Principal Place of Business
**6910 N W 173RD DRIVE, #1003
MIAMI LAKES FL 33015**

Mailing Address
**6910 N W 173RD DRIVE, #1003
MIAMI LAKES FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0608770

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

7. Name and Address of New Registered Agent

**DE LEON, MARIANELA
6910 N W 173RD DRIVE, #1003
MIAMI LAKES FL 33015**

Name

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

City

FL

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DE LEON, MARIANELA
6910 N W 173RD DRIVE, #1003
MIAMI LAKES FL 33015** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED MARIANELA DE LEON** 07/08/03 305-819-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment# 80143922

Miami, Florida, June 7, 2003

REF: Document number PO2000017230
SILVA'S PET SUPPLY, INC

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

~~P.O. BOX-6327~~
TALLAHASSEE, FL 32314

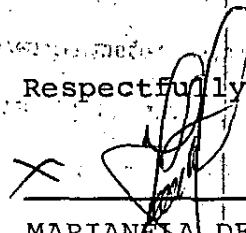
TO WHOM IT MAY CONCERN:

WE NEED TO CLARIFY TO YOUR DEPARTMENT THAT WE DID NOT RECEIVE THE PRIOR NOTICE (ANNUAL REPORT) to pay the fee \$ 150.00 before May 1, 2003.- We request that your Department clarify that We did not receive the prior Report according with your Computer System. ATTACHED YOU WILL FIND A CHECK IN THE AMOUNT OF \$150.00 to pay the proper fee.-

Let us to know about this petition.-

Your prompt attention to this matter will be greatly appreciated.-

Respectfully


MARIANELA DE LEON
PRESIDENT OF THE CORP

6910 N W 173 DRIVE # 1003
MIAMI LAKES, FL 33015