2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # 494324 1. Entity Name HOSPITAL VETERINARIO LEJEUNE, INC. 05-16-2000 90095 035 ***150.00 Principal Place of Business Mailing Address 4301 N.W. 7TH ST. 4301 N.W. 7TH ST. MIAMI FL 33126-3515 MIAMI FL 331261 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 59-1679235 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, OSVALDO A. Street Address (P.O. Box Number is Not Acceptable) 2043 S.W. 60 COURT **MIAMI FL 33155** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE PEREZ, OSVALDO A. NAME NAME 2043 S.W. 60 CT. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition SD Change TITLE TITLE ☐ Delete MARTINEZ, LISARDO J. NAME NAME STREET ADDRESS STREET ADDRESS 3705 S.W. 130 AVE. CITY-ST-ZIP MIAMI FL Change ☐ Addition TD ☐ Delete TITLE PEREZ, MARIA T. NAME STREET ADDRESS 2043 S.W. 60 CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE MARTINEZ, MIRNA V. NAME NAME STREET ADDRESS STREET ADDRESS 3705 S.W. 130 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Lisando J. HARTINEY/27/00