

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90008 026 ***150.00

0195183 AV

DOCUMENT # 494324

1. Entity Name
HOSPITAL VETERINARIO LEJEUNE, INC.

Principal Place of Business
**4301 N.W. 7TH ST.
 MIAMI FL 33126**

Mailing Address
**4301 N.W. 7TH ST.
 MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1679235**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**PEREZ, OSVALDO A.
 2043 S.W. 60 COURT
 MIAMI FL 33155**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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 NAME	PD PEREZ, OSVALDO A.	<input type="checkbox"/> Delete
STREET ADDRESS	2043 S.W. 60 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	SD MARTINEZ, LISARDO J.	<input type="checkbox"/> Delete
STREET ADDRESS	3705 S.W. 130 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	TD PEREZ, MARIA T.	<input type="checkbox"/> Delete
STREET ADDRESS	2043 S.W. 60 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VD MARTINEZ, MIRNA V.	<input type="checkbox"/> Delete
STREET ADDRESS	3705 S.W. 130 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature as 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]* **REQUIRED** Date: 1/16/02 Daytime Phone # _____

CR2E034 (9/01)