

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590876

1. Entity Name

EL SABA KENNELS, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90007 046 ***150.00

A0066154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21285 SW 312 ST Suite, Apt. #, etc.		3. Mailing Address 21285 SW 312 ST Suite, Apt. #, etc.		4. FEI Number 59-1857428		Applied For <input type="checkbox"/> Not Applicable	
City & State Homestead, FL		City & State Homestead, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33030	Country	Zip 33030	Country				

6. Name and Address of Current Registered Agent Berte B. Monett 21285 SW 312 ST Homestead, FL 33030		7. Name and Address of New Registered Agent Name David Bloom Street Address (P.O. Box Number is Not Acceptable) 21285 SW 312 ST City Homestead FL Zip Code 33030	
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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 David L Bloom DATE 4/27/2000
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. (See criteria on back) <input checked="" type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D David L Bloom 21285 SW 312 ST Homestead, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST/D Berte B Monett 21285 SW 312 ST Homestead, FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David L Bloom pres. DATE 4/27/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR