

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 002 ***150.00

DOCUMENT # 615845

1. Entity Name

RIVIERA ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

6920 4TH STREET N.
 ST. PETERSBURG, FL
 33702

12401 W. OLYMPIC BLVD.
 LOS ANGELES, CA 90064

00056049

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 6920 4TH STREET N.

3. Mailing Address
 12401 W. OLYMPIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 ST. PETERSBURG, FL

City & State
 LOS ANGELES, CA

4. FEI Number
 59-1860188

Applied For
 Not Applicable

Zip
 33702

Country
 USA

Zip
 90064

Country
 USA

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

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

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

(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 NOV/01 FEE IS \$150.00
After MAY 1, 2001 Fee will be \$650.00
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

TITLE PRES/CEO/DIR ☐ Delete
 NAME ROBERT L. ANTIN
 STREET ADDRESS 12401 W. OLYMPIC BLVD.
 CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE VP/DIR ☐ Delete
 NAME NEIL TAUBER
 STREET ADDRESS 12401 W. OLYMPIC BLVD.
 CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE SEC/DIR ☐ Delete
 NAME ARTHUR J. ANTIN
 STREET ADDRESS 12401 W. OLYMPIC BLVD.
 CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE TREASURER/CFO ☐ Delete
 NAME TOMAS W. FULLER
 STREET ADDRESS 12401 W. OLYMPIC BLVD.
 CITY - ST - ZIP LOS ANGELES, CA 90064-1022

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

TOMAS W. FULLER

4/23/01

(310) 584-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #