2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90020 017 ****70.00

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1. Entity Name

ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
200 SAN LORENZO AVE CORAL GABLES FL 33146 US	200 SAN LORENZO AVE CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4201 SALZADO STREET	4201 SALZADO ST
Suite, Apt. #, etc. CORAL GABLES	Suite, Apt. #, etc. CORAL GABLES
City & State FL	City & State FLORIDA
Zip 33146 Country	Zip 33146 Country USA

4. FEI Number 59-1557645 ☐ Applied For ☐ Not Applicable

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
KAHN, GILBERT 10 EDGEWATER DR CORAL GABLES FL 33156	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COBD KAHN, GILBERT S 4975 N KENDALL DR MIAMI, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD BLAIR, BETTY EVE 4975 N KENDALL DR MIAMI, FL 3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING,.KAY 2075 IXORA RD,KEYSTN PT N MIAMI, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANO, BARRIE 13511 NE 24 COURT N MIAMI, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SONDERLING, FROSENTE 4403 PINETREE DRIVE MIAMI BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROSE KOGAN 3722 ROYAL PALM AVE MIAMI BEACH 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: BARRIE A. SANO SIGNATURE REQUIRED TREASURER 4/3/01 305-445-3606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #