## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 740810**

1. Entity Name

CITY-ST-ZIP

## DOBERMAN RESCUE LEAGUE, INC.

NA-111-- N-1----

Principal Plac	e of Business	Mann	ng Address							
			P O BOX 24065 OAKLAND PARK FL 33307-1065							
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2. Principal P	Mace of Business	ailing Address ,								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C			ity & State			4. FEI Number Applied For			pplied For	
				,	59-1818893				ot Applicable	
Zip	Country	Z		Country		5Certificate of Sta		8.75 Ad	ditional ed=	
			and Amount	1722.2. (-1		7 Name and Add	ess of New Registered A	<del></del>		
	8. Name and Address of Curr	anı nağısıcı	ed Agent	Name	!	7. /421112 2712 7122		,		
<del>*************************************</del>					Street Address (P.O. Box Number is Not Acceptable)					
SEDBERRY	3,000	Speet Address (1.0. box resided to receive supplies to)								
	IT TERRACE		:							
FURI DAU	IDERDALE FL 33301		City			FL	Zip Coc	le		
	named entity submits this statemer		of abouting its	resistered office	or register	red ecent or both in	the state of Florida	<del>-!</del>		
SIGNATURE						d when an instantion of	DATE	<del>.</del>		
	Signature, typed or printed name of registered a	gent end title if ap	plicable. (NO)	E. Registered Agent sky	nature required	a where remarkable()		<u> </u>		
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Cor					, <sub>□</sub>	\$5.00 May 8e Added to Fees  Make Check Payable to Department of State				
10. 4,	OFFICERS AND	DIRECTORS	<u></u>	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS II	V 10	
TITLE	President D		☐ Delete	TITLE	1			Change	Addition	
NAME	RYAN, CHRIS			NAME :	.					
STREET ADORESS	6471 THOMAS ST.			STREET ADDRES	*					
CITY-ST-ZIP	WD Vice President		☐ Delete	TITLE				Change	Addition	
TITLE NAME	FALCON, MAGGIE		Li Delae	NAME	-			<u></u>	_	
STREET ADDRESS	4724 NW 195 ST			STREET ADDRES				_	<b>.</b> , .	
CITY-ST-ZIP	MIAMI GARDENS FL			CITY-ST-ZIP F	ļ			Channe	- Addition	
TITLE	Treasurer		☐ Delete	TITLE 	<u> </u>	<del></del>		☐ Change	☐ Addition	
NAME STREET ADDRESS	SEDBERRY, DIANE			STREET ADORES	s			1		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP				·		
TITLE	D		<b>₹</b> Delete	mu.		etary	<u> </u>	Change	Addition	
NAME	RYAN, CHRIS			NAME		Dodril1	V	•		
STREET ADDRESS	6471 THOMAS STREET			STREET ADORES CITY-ST-ZIP		SW 47 Aven				
CITY-ST-ZIP	HOLLYWOOD FL		П.	<del> </del>	Holl	ywood, FL 3	3023	Change	Addition	
TITLE			Delete	TITLE .				ப் Augusta		
NAME STREET ADDRESS				STREET ADDRES	s					
CITY-ST-ZIP	1			CITY-ST-ZIP						
TITLE			☐ Delate	TITLE	T			Change	☐ Addition	
NAME				NAME		•				
STREET ADDRESS	,			STREET ADDRES	s					
CITY-ST-ZIP	1			CITY-ST-ZIP .	1					

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.

954-7/2-/590 Daysine Phone 4

**FILED** 

Jun 10, 2002 8:00 am Secretary of State

05-15-2002 90156 032 \*\*\*\*61.25