

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90040 043 \*\*\*\*70.00

0073176

**DOCUMENT # 741762**

1. Entity Name

**ADOPT A PET, INC.**

Principal Place of Business

Mailing Address

11900 S.W. 232ND STREET  
 MIAMI FL 33170

11900 S.W. 232ND STREET  
 MIAMI FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2015730**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUEL, BLUM, ESQ**  
**2668 TIGERTAIL**  
**STE 106**  
**COCONUT GROVE FL 33133**

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

**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	PD	<input type="checkbox"/> Delete
NAME	LEVIN, ROYE	
STREET ADDRESS	720 PALM BAY LANE APT 9S	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MACKLER, SHEILA	
STREET ADDRESS	7045 SW 107 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERMANN, ROBYN J.	
STREET ADDRESS	1228 CATALONIA VE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, MADA	
STREET ADDRESS	1240 BRICKELL BAY DR, #702	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. Joyce Gillman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	614 Mela Deuca Lane	
STREET ADDRESS	Miami FL 33137	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.D. DON SAOLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	720 Palm Bay Lane - 8W	
STREET ADDRESS	Miami, FL 33138	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shane 02* 305-7597666

Date

Daytime Phone #

CR2E037 (9/01)