2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744671

Address:

City-St-Zip:

Entity Name: DADE COUNTY VETERINARY FOUNDATION, INC.

FILED Feb 27, 2002 8:00 AM Secretary of State

New Principal Place of Business: Current Principal Place of Business: 751 NE 168 ST NORTH MIAMI BEACH, FL 33162 **Current Mailing Address: New Mailing Address:** 751 NE 168 ST NORTH MIAMI BEACH, FL 33162 FEI Number: 59-1911775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNSTEIN, LARRY A 751 NE 168 ŚT NORTH MIAMI BEACH, FL 33162 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BERNSTEIN, LARRY A Name: Name: 751 NE 168 ST Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: () Delete () Change () Addition TODD, RONALD, Name: Name: Address: 12900 SW 87TH AVENUE Address: City-St-Zip: MIAMI, FL 33176, City-St-Zip: Title: () Delete Title: () Change () Addition GERARDO, DIAZ Name: Name: 10427 S. DIXIE HWY Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOUSEHOLDER, LARRIE HOUSEHOLDER, LAURIE Name: Name: 15301 S DIXIE HWY 15301 S DIXIE HWY Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: Title: () Delete () Change (X) Addition FERNANDES, PETER Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7005 WEST 4TH AVENUE

HIALEAH, FL 33014

SIGNATURE: LARRY A. BERNSTEIN TD 02/27/2002