

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762433

1. Entity Name

PET RESCUE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90009 048 ****70.00

Principal Place of Business	Mailing Address
PET RESCUE INC. 3440 N.W. 191 STREET MIAMI FL 33056 US	PET RESCUE INC. 3440 N.W. 191 STREET MIAMI FL 33056-2936 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2167020	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DE PRIEST, LISA
6780 BROOKLINE DR
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name RICHARD GOMEZ AL OWENS
Street Address (P.O. Box Number is Not Acceptable) 8100 OAK LANE, SUITE 400
City MIAMI LAKES, FL Zip Code 33016

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 Al Owens, PRES, AL OWENS DATE 2-15-00
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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: Al Owens, PRES, AL OWENS DATE 2-15-00 DAYTIME PHONE # 954-438-8922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)