

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762433

1. Entity Name

PET RESCUE, INC.

Principal Place of Business

PET RESCUE INC.
3440 N.W. 191 STREET
MIAMI FL 33056
US

Mailing Address

PET RESCUE INC.
3440 N.W. 191 STREET
MIAMI FL 33056
US

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

59-2167020

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

GOMEZ, ROLAND ESQ
8100 OAK LANE, SUITE 400
MIAMI LAKES FL 33016

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 VP
NAME GOMEZ, ROLAND
STREET ADDRESS 8100 OAK LANE, SUITE 400
CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME DEPRIEST, LISA
STREET ADDRESS 6780 BROOKLINE DRIVE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE T
NAME DePriest, Lisa
STREET ADDRESS 120 NW 156 St.
CITY-ST-ZIP Miami FL 33169 ☒ Change ☐ Addition

TITLE S
NAME NEE, MARGARET
STREET ADDRESS 400 S POINTE DRIVE, APT. 2403
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STERN, MARILYN
STREET ADDRESS 16750 NE 35 AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PE
NAME MULLOY, GARDNAR
STREET ADDRESS 800 NW 9TH AVENUE
CITY-ST-ZIP MIAMI FL 33136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WASCONIS, KATHERINE
STREET ADDRESS 1636 MCKINLEY STREET
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lisa DePriest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

305 899-2111

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE