

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0020642

DOCUMENT # 762433

1. Entity Name

PET RESCUE, INC.



FILED

03 FEB -4 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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  
500011790065  
02/04/03--01080--009 \*\*61.25

TITLE T  
NAME DEPRIEST, LISA  
STREET ADDRESS 120 NW 156 ST  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
79

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

CR2E037 (10/02)

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*  
LISA DEPRIEST

1-10-03 315 899-2111