

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90026 014 ***150.00

DOCUMENT # F04566

1. Entity Name

PET EMERGENCY CENTER, INC.

Principal Place of Business

**921 E CYPRESS CREEK RD
 FORT LAUDERDALE FL 33334**

Mailing Address

**921 E CYPRESS CREEK RD
 FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2037709**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**RAYSON, JOHN | C
 2400 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33306**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP HOWARD, JOHN**
 STREET ADDRESS **50 N UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE Change Addition
 NAME **D Louis S. Maslynos**
 STREET ADDRESS **1220 NE 26th St**
 CITY-ST-ZIP **Fort Lauderdale, FL 33305**

TITLE Delete
 NAME **D KASHNER, JOE**
 STREET ADDRESS **1100 S FEDERAL HWY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS ALBERTO, MEILAN**
 STREET ADDRESS **1100 S FEDERAL HWY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT EICH, DAVID**
 STREET ADDRESS **2585 N. UNIVERSITY DR.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GEORGE, WADE**
 STREET ADDRESS **2875 W. BROWARD BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2001

Date

(954)-473-8090

Daytime Phone #

CR2E034 (10/00)