

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number 59-2037709

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

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

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

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

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

TITLE D ☐ Delete  
NAME 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

Date

Daytime Phone #

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

04-25-2001 90026 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)