

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90030 022 \*\*\*150.00

DOCUMENT # **F10077**

1. Entity Name  
**KASHNER & MEILAN SOUTH FEDERAL ANIMAL HOSPITAL, P.A.**

✓ N/C 1/8/02  
 (TM)

Principal Place of Business  
**HOSPITAL P.A.**  
**1100 SOUTH FEDERAL HIGHWAY**  
**FT. LAUDERDALE FL 33316**

Mailing Address  
**HOSPITAL P.A.**  
**1100 SOUTH FEDERAL HIGHWAY**  
**FT. LAUDERDALE FL 33316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2035364</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>KASHNER, JOE, D.V.M.</b> <b>1100 SOUTH FEDERAL HIGHWAY</b> <b>FT. LAUDERDALE FL 33316</b>				Name			
				<b>MEILAN ALBERTO L.</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>1100 SO. FEDERAL HWY</b>			
				City			
				<b>FT. LAUDERDALE</b>			
				State			
				<b>FL</b>			
				Zip Code			
				<b>33316</b>			

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 *Alberto L. Meilan* *ALBERTO L. MEILAN* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASHNER, JOE		NAME	MAYRA C. MEILAN	
STREET ADDRESS	1100 S. FED HWY		STREET ADDRESS	1100 SO. FED. HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	D/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILAN, ALBERTO L		NAME	MEILAN, ALBERTO L	
STREET ADDRESS	1100 S FED HWY		STREET ADDRESS	1100 SO. FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-ST-ZIP	FT. LAUDERDALE, FL. 33316	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Alberto L. Meilan* *1/17/02* *(954) 523-8527*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/01)