

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90101 001 ***150.00

DOCUMENT # F24341

1. Entity Name
FRITZ KENNELS, INC.

Principal Place of Business
6918 W. 4TH AVE
HIALEAH FL 33014

Mailing Address
9729 N GRAND DUKE CIR
TAMARAC FL 33331

2. Principal Place of Business
26100 S. W. 112 Avenue

Suite, Apt. #, etc.
Homestead, Fla.

City & State
Homestead, Fla.

Zip
33032

Country
Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2079212**

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

FRITZ, JOHN C.
10950 SW 27TH ST.
DAVE FL 33323

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

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	T	<input type="checkbox"/> Delete
NAME	FRITZ, JOHN	
STREET ADDRESS	10950 SW 27 STREET	
CITY-ST-ZIP	DAVE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRITZ, JAMES	
STREET ADDRESS	6918 W 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLOYD, J J	
STREET ADDRESS	14920 FOXHEATH DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLOYD, RICHARD	
STREET ADDRESS	14920 FOXHEATH DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRITZ, JEFFERY E	
STREET ADDRESS	7725 WEST 8TH AVE	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRITZ, JAMES L	
STREET ADDRESS	6972 WEST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John C Fritz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (305) 258-3411
 Date Daytime Phone #

CR2E034 (10/00)