

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000002574**1. Entity Name
PETPLACE.COM, INC.**Principal Place of Business**19501 BISCAYNE BLVD.
SUITE 400
AVENTURA
33180

FL

Mailing Address19501 BISCAYNE BLVD.
SUITE 400
AVENTURA
33180

FL

2. Principal Place of Business
2141 N. COMMERCE PARKWAY3. Mailing Address
2141 N. COMMERCE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTON

FL

City & State
WESTON

FL

Zip
33326

Country

Zip
33326

Country

4. FEI Number
52-2165116

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RAPPAPORT JON
19501 BISCAYNE BLVD.
SUITE 400
AVENTURA
33180

FL

7. Name and Address of New Registered Agent

Name

RAPPAPORT JON

Street Address (P.O. Box Number is Not Acceptable)

19501 BISCAYNE BLVD

SUITE 400

City
AVENTURA

FL

Zip Code
33180

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 **JON RAPPAPORT****05/01/2001**

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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CPST	<input type="checkbox"/> Delete
NAME	RAPPAPORT JON	
STREET ADDRESS	19501 BISCAYNE BLVD.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCKER SCOTT	
STREET ADDRESS	2141 N. COMMERCE PARKWAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAENZ DIEGO	
STREET ADDRESS	2141 N. COMMERCE PARKWAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISEN JON	
STREET ADDRESS	2141 N. COMMERCE PARKWAY	
CITY-ST-ZIP	WESTON FL 33326	
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		
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: JON RAPPAPORT

CPST

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)