

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H69654

1. Entity Name

Pet HEALTH CARE CENTER, INC

NK316-

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90073 039 \*\*\*158.75

Principal Place of Business

Mailing Address

9111 TAFT STREET  
Pembroke Pines, FL 33024

2. Principal Place of Business

Above

3. Mailing Address

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2565130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILBERT SENS  
9111 TAFT ST.  
Pembroke Pines, FL 33024

7. Name and Address of New Registered Agent

Name  
CLIFFORD SENS  
Street Address (P.O. Box Number is Not Acceptable)  
9111 TAFT ST.  
Pembroke Pines  
City  
FL Zip Code  
33024

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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, 2000 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	PRES/D	<input type="checkbox"/> Delete
NAME	CLIFFORD SENS	
STREET ADDRESS	9111 TAFT ST	
CITY-ST-ZIP	Pembroke Pines FL 33024	
TITLE	TREAS - SEC 11/D	<input type="checkbox"/> Delete
NAME	BRIAN SENS	
STREET ADDRESS	9111 TAFT ST	
CITY-ST-ZIP	Pembroke Pines FL 33024	
TITLE	V.P. ID.	<input type="checkbox"/> Delete
NAME	GILBERT SENS	
STREET ADDRESS	9111 TAFT ST.	
CITY-ST-ZIP	Pembroke Pines FL 33024	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. ID

5/1/00

(954)  
432-1111

Date

Daytime Phone #

CR2E034 (9/99)