

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-26-96 B

44633 C

DOCUMENT # H80353

(6)

1. Corporation Name

PET SERVICES UNLIMITED, INC.

Principal Place of Business

2580 N.E. 193RD ST.  
MIAMI FL 33180

Mailing Address

C/O WILLIAM J. SEGAL  
20801 BISCAYNE BLVD., #304  
NO. MIAMI BEACH FL 33180



3. Date Incorporated or Qualified  
10/10/1985

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business  
21 2289 N.E. 174th Terr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 N. Miami Beach

27 City & State

24 33160 25 Country

28 Zip Country  
29 30

4. FEI Number  
59-2645490

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEGAL, WILLIAM J.  
20801 BISCAYNE BLVD  
SUITE 304  
NORTH MIAMI BEACH FL 33180

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME HERMAN, KATHERINE L.  
STREET ADDRESS 2580 N.E. 193RD ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE V  
NAME HERMAN, ALAN J.  
STREET ADDRESS 2580 N.E. 193RD ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Herman, Katherine L.  
1.3 STREET ADDRESS 2289 N.E. 174th Terr.  
1.4 CITY-ST-ZIP N. Miami Beach, FL 33160

☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME Herman, Alan J.  
2.3 STREET ADDRESS 2289 N.E. 174th Terr.  
2.4 CITY-ST-ZIP N. Miami Beach, FL 33160

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katherine L. Herman (Katherine L. Herman) 4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)