## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

## **FILED** Mar 03, 2000 8:00 am Secretary of State DOCUMENT # **J**02094 1. Entity Name - MIAMI PET FOOD WAREHOUSE, INC. 03-03-2000 90019 033 \*\*\*150.00 Principal Place of Business Mailing Address 4777 N.W. 183 ST. 4777 N.W. 183 ST. MIAMI FL 33055-2933 MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2645290 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEDINA, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 4777 N.W. 183 ST. MIAMI FL 33055 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition **VSD** ☐ Change □ Delete TITLE TITLE MEDINA, MIRIAM NAME NAME STREET ADDRESS STREET ADDRESS 17415 N.W. 53RD CT. CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL Addition Change PTD Defete TITLE TITLE MEDINA, ALBERTO NAME STREET ADDRESS STREET ADDRESS 17415 N.W. 53RD CT. CITY-ST-ZIP CITY-ST-ZIP CAROL CITY FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

AIBERTO MEDINA