

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

4/7

04-07-2003 90207 021 ***150.00

DOCUMENT # K05951

1. Entity Name
SAL'S SUPER DOG, INC.



Principal Place of Business
**301 SOUTH DIXIE HWY.
POMPANO BEACH FL 33060**

Mailing Address
**301 SOUTH DIXIE HWY.
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0078555

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERMAN, PHILIP B.
2424 N.E. 22ND ST.
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name **SAL CALDARAZZO**

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

2240 N.E. 25 AVE

City **POMPANO BEACH**

FL

Zip Code

33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sal Caldarazzo**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **CALDARAZZO, YVONNE J.**
STREET ADDRESS **2240 N.E. 25TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL**

☐ Delete

TITLE **VD**
NAME **CALDARAZZO, ROY L**
STREET ADDRESS **2240 NE 25TH AVE**
CITY-ST-ZIP **POMPANO BCH FL 33062**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

YVONNE CALDARAZZO

YVONNE CALDARAZZO 4-2-03

Date

954 9219

CR2E034 (10/02)