2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am \$ Secretary of State \$ 30-06-2002 90129 202 K33115 **DOCUMENT #** 1. Entity Name 03-06-2002 90128 029 ***150.00 ABBY PET SHOP, CORP. Principal Place of Business Mailing Address 1250 WEST 68 STREET 1250 WEST 68 STREET HIALEAH FL 33014-4524 HIALEAH FL 33014-4524 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0072010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, OTONIEL Street Address (P.O. Box Number is Not Acceptable) 1250 WEST 68 STREET HIALEAH FL 33012 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE ■ Delete **VELAZQUEZ, ROBERTO** NAME NAME 1250 W. 68 STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition **Delete** TITLE NAME NAME VELAZQUEZ, ILUMINADA G. STREET ADDRESS STREET ADDRESS 1250 W. 68 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change [] Addition TITLE **VP** ☐ Delete TITLE NAME FERNANDEZ, OTONIEL NAME STREET ADDRESS STREET ADDRESS 1250 WEST 68TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 CARMEN I FERNANDEZ 1250 W 68th ST 141A/EAH, FL 330/2 **Addition** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

changed, or on an attachment with an address, w

SIGNATURE: