

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67812

1. Entity Name

BOCA VILLAGE ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

VILLAGE CORNER STORES #110  
6060 SW 18TH STREET  
BOCA RATON FL 33433

VILLAGE CORNER STORES #110  
6060 SW 18TH STREET  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0100992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOURIZ, MARY ELIZABETH  
BOCA VILLAGE ANIMAL HOSPITAL  
6060 SW 18TH ST. #110  
BOCA RATON FL 33433

Name

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

City

FL

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

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, 2001 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input type="checkbox"/> Delete
NAME	MOURIZ, MARY ELIZABETH	<i>Please Change Title</i>
STREET ADDRESS	5001 N.W. 103RD AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D.V.P. J. T	<input type="checkbox"/> Delete
NAME	MOURIZ, LAZARO J.	<i>Please Change Title</i>
STREET ADDRESS	5001 N.W. 103RD AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ELIZABETH MOURIZ	
STREET ADDRESS	5001 N.W. 103RD AVE.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARO J. MOURIZ	
STREET ADDRESS	5001 N.W. 103RD AVE.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
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: MARY ELIZABETH MOURIZ PRES.  
Mary Elizabeth Mouriz President 1/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90007 048 \*\*\*158.75

B0002853



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)