

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012638

1. Entity Name

BARKING SPARKY, L.L.C.

Mailing Address

950 STILLWATER DR.
MIAMI BEACH FL 33141

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

65-1050257

Not Applicable

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	INES DOTI-PELS	
STREET ADDRESS	950 STILLWATER DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE		<input type="checkbox"/> Delete
NAME	-	
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Delete
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TITLE ☐ Delete
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ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

~~SECRET~~ REQUIRED

Ines Doti-Pels 4/22/02 305-861-6418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____

CR2E083 (9/01)