

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 90073 016 ****50.00

DOCUMENT # L02000029326

1. Entity Name
PETSK L.C.



Principal Place of Business Mailing Address
100 N. BISCAYNE BLVD., 21ST FLOOR 100 N. BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132-2308 MIAMI FL 33132-2308

44002276

1825 Ponce de Leon Blvd

2. Principal Place of Business 3. Mailing Address
1825 Ponce de Leon Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
187

City & State City & State
CORAL GABLES, FL

Zip 33134 Country Dade Zip 33134 Country Dade



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUINA, MARGARITA P ESQ
NEW WORLD TOWER
21ST FLOOR, 100 N. BISCAYNE BLVD
MIAMI FL 33132-2308**

7. Name and Address of Now Registered Agent

Ron Cowy, Esq
Street Address (P.O. Box Number is Not Acceptable)
5615 LA GORCE DR
City **Miami Beach** FL Zip Code **33140**

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 **Ron Cowy, Esq** DATE **4/24/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Delete Ron Cowy 5615 La Gorce Dr Miami Beach FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: **Ron Cowy** DATE **4/24/03**

CR2E083 (10/02)