

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04131

1. Entity Name

ANIMAL HOSPITAL OF THE PALM BEACHES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90098 018 ***150.00

Principal Place of Business

Mailing Address

4080 JOB ROAD
LAKE WORTH FL 33467

4080 JOB ROAD
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

4080 JOB ROAD

4080 JOB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2991501

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

ANGEL, ALBERT
10172 EL CABALLO CT
DELRAY BCH, FL 33446

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

Albert Angel *Albert Angel*

4-7-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ANGEL, ALBERT
STREET ADDRESS 10172 EL CABALLO CT
CITY-ST-ZIP DELRAY BCH FL 33446

☐ Delete

TITLE
NAME
STREET ADDRESS 10172 EL CABALLO CT
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME ANGEL, MAX
STREET ADDRESS 3900 GALT OCEAN MILE
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME ANGEL, MARY
STREET ADDRESS 3900 GALT OCEAN MILE
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Albert Angel *Albert Angel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-2000

Date

Daytime Phone #

561-892-8182

CR2E034 (9/99)