

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93/83**

1. Entity Name: **LAKE VETERINARY ASSOCIATES, INC.**

Principal Place of Business
**16776 N.W. 67th AVE.
MIAMI FL 33015**

Mailing Address
**16776 NW 67th AVE
MIAMI FL 33015**

FILED
01 NOV -8 PM 6:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

65-0226867

Not Applicable

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

**ENRIQUE S. BATISTA
6970 SILVER OAK DRIVE
MIAMI LAKES FL 33014**

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 15 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
TITLE NAME **DP ENRIQUE S. BATISTA** ☐ Delete
STREET ADDRESS **6970 SILVER OAK DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE NAME **D MADELYN BATISTA** ☐ Delete
STREET ADDRESS **6970 SILVER OAK DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME **400004718534** ☐ Change ☐ Addition
STREET ADDRESS **-12/11/01--01051--013**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01

CR2E034 (11/00)

2062

Lakes Veterinary Associates, Inc.
16776 NW 67th Avenue
Miami, Florida 33015
FEI# 65-0226867

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 12, 2001

My corporation has received a notice of dissolution for which I disagree. My annual report was filed on time in March 2001. I tried to find the cancelled check but it never cleared the bank so I assume it and the report are lost. I have an excellent history of filing my report on time as shown on the corporate detail record screen enclosed. Please accept my check for \$150.00 and my business report. The reinstatement fee of \$750.00 is far too much for me during this downturn in the economy.

Thank you for your assistance.

Sincerely,

Enrique Batista