

2001 UNIFORM BUSINESS REPORT (UBR)

0011991 AF

DOCUMENT # L99000006721
1. Entity Name
 ACADEMY ANIMAL HOSPITAL JON J. RAPPAPORT, LLC

FILED

01 FEB 26 AM 8:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 4211 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308

Mailing Address
~~4211 NORTH FEDERAL HIGHWAY~~
~~FORT LAUDERDALE FL 33308~~
 c/o Turnberry Associates



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 19501 Biscayne Blvd
 Suite, Apt. #, etc. #400
 Aventura FL 33180
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2200576 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SOFFER, MARSHA
 19501 BISCAYNE BOULEVARD, SUITE 400
 AVENTURA FL 33180

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 *Marsha Soffer* **DATE** 2/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, JON J 4211 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003782760 -02/27/01--01083--009 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jon J. Rappaport* **DATE** 2/21/01 **Daytime Phone #** 305 933 5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CP2E083 (11/00)