## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # M77127** 1. Entity Name BEVERLY'S PET CENTER, INC. 03-06-2001 90346 003 \*\*\*150.00 Principal Place of Business Mailing Address 7889 PINES BLVD. 7889 PINES BLVD. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 AUUZBYIJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0039841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBERG, NORMAN Street Address (P.O. Box Number is Not Acceptable) 7889 PINES BLVD. PEMBROKE PINES FL 33024 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Delete TITLE Change ROSENBERG, NORMAN NAME NAME STREET ADDRESS 7889 PINES BLVD STREET ADDRESS CITY-ST-ZIP PEMBROOK PINES FL 33024 CITY-ST-ZIP Change ☐ Addition ☐ Delete ROSENBERG, BEVERLY STREET ADDRESS STREET ADDRESS 7889 PINES BLVD CITY-ST-ZIP PEMBROOK PINES FL 33024 CITY-ST-ZIP VΡ ☐ Delete TITLE Change Addition\_ ROSENBERG, MARC NAME NAME STREET ADDRESS STREET ADDRESS 7889 PINES BLVD CITY-ST-ZIP PEMBROOK PINES FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSENBERG, GREGORY NAME STREET ADDRESS STREET ADDRESS 7889 PINE BLVD CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/01