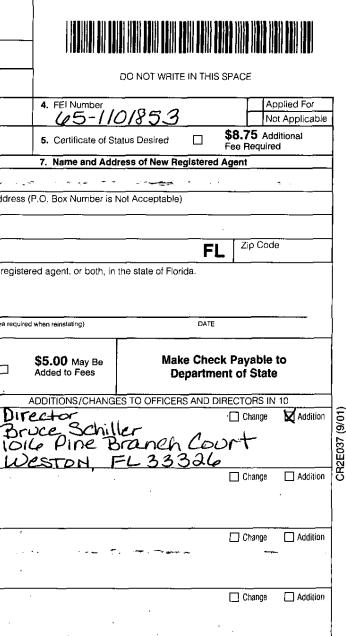
2902 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0100003220 1. Entity Name BICHON FRISE RESCUE OF FLORIDA, INC. Principal Place of Business Mailing Address 1304;SW 160TH AVENUE #250 POST OFFICE BOX 268195 SUNRISE FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 45-110185. Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SCHILLER, KAREN Street Address (P.O. Box Number is Not Acceptable) 1016 PINE BRANCH COURT WESTON FL 33326 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS 11. Director TITLE TITI F ☐ Delete

FILED Feb 05, 2002 8:00 am § Secretary of State

02-05-2002 90006 026 ****61.25



12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

■ Delete

Delete

Delete

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

SCHILLER, KAREN

WESTON FL 33326

LENTINI, MARILYN

MARATHON FL 33050

FLETCHER, CAROLYN_

B. Back

arana erine de la

SCHIEFE, GALLO

2180 TATUM BOULEVARD

NEW SMYRNA BEACH FL 32168

1016 PINE BRANCH COURT

10983 6TH AVENUE GULF

NAME

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

115/00

<u> 254-384-1474</u>

Change

Change

☐ Addition

☐ Addition

Daytime Phone #