

2002 UNIFORM BUSINESS REPORT (UBR)

03-31-2002 90370 007 *****61.25
N01000005997

DOCUMENT # N01000005997

1. Entity Name

PETS IN DISTRESS OF MIAMI-DEDE INC.

FILED

02 APR 16 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15421 SW 170 TERR
MIAMI FL 33187

Mailing Address

15421 SW 170 TERR
MIAMI FL 33187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

09-1107015

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Rufin
RUFIO, LUISA
15421 SW 170 TERR
MIAMI FL 33187

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

Luisa Rufin

1/22/02

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	RUFIN, LUISA	
STREET ADDRESS	15421 SW 170 TERR	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	☐ Delete
NAME	PLASS, BETTY W	
STREET ADDRESS	10975 SW 84 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☐ Delete
NAME	RUFIN, MERCEDES	
STREET ADDRESS	2496 SW 17 AVE #5303	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 817, 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.

SIGNATURE:

Luisa Rufin

1/22/02

(305) 234-3490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (9/01)