

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90104 017 *****70.00

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DOCUMENT # N01000006233

1. Entity Name

COMPASSIONATE PUG RESCUE, INC.



Principal Place of Business

**14921 WINDBLUFF STREET
DAVIE FL 33331**

Mailing Address

**14921 WINDBLUFF STREET
DAVIE FL 33331**

2. Principal Place of Business

20629 NE 7th CT

Suite, Apt. #, etc.

3. Mailing Address

20629 NE 7th CT

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number **65-1136714**

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HORTON, KELLY PRES
14921 WINDBLUFF STREET
DAVIE FL 33331**

7. Name and Address of New Registered Agent

Name

MARCIA SHAPIRO

Street Address (P.O. Box Number is Not Acceptable)

20629 NE 7th CT.

City

MIAMI

FL

Zip Code

33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marcia Shapiro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HORTON, KELLY	
STREET ADDRESS	14921 WINDBLUFF STREET	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAPIRO, MARCIA	
STREET ADDRESS	20629 N.E. 7TH COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, TONI	
STREET ADDRESS	506 63RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASON, DALE	
STREET ADDRESS	2520 S.W. 55TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABREU, MARCIA	
STREET ADDRESS	490 W. 35TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA SHAPIRO	
STREET ADDRESS	20629 NE 7th CT	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN SANISLO	
STREET ADDRESS	4163 FRANCES DRIVE	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIE Persico	
STREET ADDRESS	5380 NW 64 WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	

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.

SIGNATURE:

Marcia Shapiro **REQUIRED**

3/17/03 305-653-6531

CR2E037 (10/02)