

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91243 020 \*\*\*\*61.25

DOCUMENT # N02000003447



1. Entity Name  
HUMANE EMERGENCY ANIMAL RESCUE, INC.

Principal Place of Business  
541 NE 63RD ST., #2  
MIAMI, FL 33138

Mailing Address  
541 NE 63RD ST., #2  
MIAMI, FL 33138

49007501



2. Principal Place of Business  
803 N.E. 70th ST  
Suite, Apt. #, etc.

MIAMI FL

City & State

3. Mailing Address  
803 N.E. 70th ST  
Suite, Apt. #, etc.

MIAMI, FL

City & State

04062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
81-0589188

Applied For  
Not Applicable

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

Zip  
33138

Country  
USA

Zip  
33138

Country  
USA

6. Name and Address of Current Registered Agent

CARMACK, THOMAS  
541 NE 63RD ST., #2  
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name THOMAS CARMACK  
Street Address (P.O. Box Number is Not Acceptable)  
803 N.E. 70th ST

City MIAMI FL Zip Code 33138

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 *THOMAS J. CARMACK* THOMAS J. CARMACK, REGISTERED AGENT/PRESIDENT 26 APR 04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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 D  
NAME CARMACK, THOMAS J  
STREET ADDRESS 710 86TH ST  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Delete

TITLE D  
NAME BEUG, JOANNA  
STREET ADDRESS 710 86TH ST.  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Delete

TITLE VPD  
NAME RIVERO, FRANK  
STREET ADDRESS 14234 SW 139 CT  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

TITLE D  
NAME ACOSTA, ELIZABETH  
STREET ADDRESS 10925 NE 9 CT  
CITY-ST-ZIP N BISCAYNE PARK, FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME THOMAS J. CARMACK ☒ Change ☐ Addition  
STREET ADDRESS 803 N.E. 70th ST  
CITY-ST-ZIP MIAMI, FL 33138

TITLE S/T/D  
NAME JOANNA BEUG ☒ Change ☐ Addition  
STREET ADDRESS 803 N.E. 70th ST  
CITY-ST-ZIP MIAMI, FL 33138

TITLE VPD  
NAME FRANK RIVERO ☒ Change ☐ Addition  
STREET ADDRESS 10934 S.W. 146 AVE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE D  
NAME ELIZABETH ACOSTA ☒ Change ☐ Addition  
STREET ADDRESS 19000 TAMPA RD. SOUTH  
CITY-ST-ZIP FORT MYERS, FL 33912

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

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

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 *THOMAS J. CARMACK* THOMAS J. CARMACK 26 APR 04 305-751-7730  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #