

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45048

1. Entity Name

CITIZENS AGAINST PET OVERPOPULATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90066 007 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3200 W OAKLAND PK BLVD FT. LAUDERDALE FL 33311 US	Mailing Address 3200 W OAKLAND PK BLVD FT. LAUDERDALE FL 33311 1246 US
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2. Principal Place of Business 4238 HOLLYWOOD BLVD Suite, Apt. #, etc. 207 City & State HOLLYWOOD FL Zip Country US	3. Mailing Address 4238 HOLLYWOOD BLVD Suite, Apt. #, etc. 207 City & State HOLLYWOOD FL Zip Country
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4. FEI Number 65-0329248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MATLUK-BOISSEAU, SALLY E.
 3200 W OAKLAND PARK BLVD
 FT. LAUDERDALE FL 33311

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATLUK-BOISSEAU, SALLY E 1219 S.W. 5TH CT FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, DAVID 2751 SOUTH OCEAN DR #402 HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BOISSEAU 1219 SW 5TH CT FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD KAPLAN 38 TRUMAN DRIVE WASTON FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 agreement, with all other like empowered.

SIGNATURE: Richard Kaplan DATE: 4/30/00 DAYTIME PHONE #: 954 389 8716

CR2E037 (9/99)