

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49825

1. Entity Name

THE NEW RESPONSIBLE PEOPLE-PET OWNERSHIP SELF-ED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90079 043 ****70.00

Principal Place of Business

Mailing Address

1460 N.W. 79 ST.
MIAMI FL 33147
US

1460 N.W. 79 ST.
MIAMI FL 33147-5370
US

2. Principal Place of Business

7711 N.W. 13th Court

3. Mailing Address

7711 N.W. 13th Court

Suite, Apt. #, etc.

apt 2

Suite, Apt. #, etc.

apt 2

City & State

Miami, Florida 33146

City & State

Miami, Florida 33147

Zip

33147

Country

U.S.A.

Zip

33147

Country

U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAIGE, GRAF
1460 N.W. 79 STREET
MIAMI FL 33147

7711 N.W. 13th Court

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	DPT	<input type="checkbox"/> Delete
NAME	PAIGE, WILLIAM G.	
STREET ADDRESS	1460 N.W. 79TH ST.	7711 N.W. 13th Court
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HERMETET, RAYMOND	
STREET ADDRESS	1460 N.W. 79 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SLADE, SCHALLOT C.	
STREET ADDRESS	1460 N.W. 79 ST.	7711 N.W. 13th Court
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOD, HARRY E	
STREET ADDRESS	1460 N.W. 79TH STREET	7711 N.W. 13th Court
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kendley Brown	
STREET ADDRESS	7711 N.W. 13th Court	
CITY-ST-ZIP	Miami, Florida 33147	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

William G. Paige
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

april 4th 2000 (305) 957-7598

CR2E037 (9/99)