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

DOCUMENT # N9200000913

1. Entity Name

ANIMAL CARE & EDUCATION, INC.



FILED Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90060 022 ****61.25

Principal Place of Business 6601 SW 85 STREET				Mailing Address										
6601 SW 85 STREET MIAMI FL 33143				6601 SW 85 STREET MIAMI FL 33143										
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2. Principal Place of Business			3. Ma	3. Mailing Address										
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			,	☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State			· · · · · · · · · · · · · · · · · · ·	4.	05 04 15005					pplied For	
Zip	·	Country	Z	ip	Cou	intry	5.	Certificate o	of Status De	sired		\$8.75 Ac	lditional	
	6. Name	and Address of Curre	nt Register	ed Agent			7.	Name and	Address of	New Reg				
						Name				•		www.mgd		
SIY, BERNADETTE 6601 SW 85 STREET				Stree			ess (P.O. E	ss (P.O. Box Number is Not Acceptable)						
MIAM! FL														
						City						Zip Cod	1a	
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the obliga	tions of regist	y submits this statement lered agent.	t for the purp	oose of changing its	registere	ed office or reg	istered ag	gent, or both	i, in the State	e of Florid	da. łam f	amiliar with	, and accept	
SIGNATURE		or printed name of registered age	ent and title if an	plicable (NOTE	Registered	Agent signature re	aufrad urban r	rojectotical	···		DATE			
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FILE NOW: FEE IS \$61.25				-9. Election Campaign Financing										
FILE NOW. FEE 13 \$01.23				• 9. Election Can	ıpaıgn Fı	nancing	\$5.	.00 May Be	, l	Make	• Check	: Pavable	to l	
	TILL NOW	: FEE IS \$61.25		Trust Fund C		~ _	\$5. Adde	.00 May Be ed to Fees	·			Payable ment of		
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2. 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:

SISNABURE WITH SIED

2/10/03

305-555-2187