

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002625

1. Entity Name

BORN FREE PET SHELTER INC.

Principal Place of Business

19015 SW 208 ST
MIAMI FL 33187
US

Mailing Address

PO BOX 823 N/A
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ABALLI, ALICIA
149 HARBOR DR
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name Alicia Aballi
Street Address (P.O. Box Number is Not Acceptable)
551 S. MASHTA DR
Key Biscayne, FL 33149
City FL Zip Code 33149

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

TITLE	D	☐ Delete
NAME	ABALLI, ALICIA G	
STREET ADDRESS	P.O. BOX 823 N/A	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	T	☐ Delete
NAME	MARTINEZ, LEANDRO	
STREET ADDRESS	4301 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ Delete
NAME	BAILEY, DOROTHEA	
STREET ADDRESS	338 W HEATHER DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VP	☐ Delete
NAME	WHITE, NANCIE SERPICO	
STREET ADDRESS	551 S MASHTA DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	T	☐ Delete
NAME	INTERIAN, CARLOS M D.M.D.	
STREET ADDRESS	9515 S.W. LE JEUNE RD, STE. 201	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE OF ALICIA ABALLI

01-29-00

Date

Daytime Phone #

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90042 033 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1467669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required