

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90066 044 ****61.25

DOCUMENT # N93000003267
Entity Name
ANIMAL LIFELINE, INC.

Principal Place of Business
110 LAKE EMERALD DR
409
OAKLAND PARK FL 33309
US

Principal Place of Business
278 N. Federal Highway
Suite, Apt. #, etc.
#592
City & State
Ft. Lauderdale FL

Zip
33308
Country
USA

6. Name and Address of Current Registered Agent
KELLY, MARJORIE B
953 SW 179TH AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
LE ME STREET ADDRESS Y-ST-ZIP	PTD DIBELLO-NEVES, ROSA V 110 LAKE EMERALD DR #409 OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel J. Richardson 6278 N. Federal Highway #592 Ft. Lauderdale FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE VE STREET ADDRESS Y-ST-ZIP	VD KELLY, MARJORIE B 953 SW 179TH AVE PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE STREET ADDRESS Y-ST-ZIP	SD KELLY, TARA L 18242 NW 20TH STREET PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE STREET ADDRESS Y-ST-ZIP	D DENOWITZ, ALFRED P ESQUIRE 8751 BROWARD BLVD. SUITE 307 PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE STREET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE VE STREET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/20/00 9547310880
Date Daytime Phone #