

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004524

1. Entity Name

SAVE OUR STRAY PETS, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90280 046 *****70.00

Principal Place of Business

19996 NE 5 CT
MIAMI FL 33179
US

Mailing Address

19996 NE 5 CT
MIAMI FL 33179
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0450401

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRACE, ELEANOR
19996 NE 5 CT
MIAMI FL 33179

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 ☐ Delete
NAME D
STREET ADDRESS GRACE, ELEANOR TRUSTEE
CITY-ST-ZIP 19996 NE 5 CT
MIAMI FL 33179

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS WHITFIELD, JIM
CITY-ST-ZIP 6032 SW 39 TH ST
MIRAMAR FL 33023

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS LENTINI, RITA TRUSTEE
CITY-ST-ZIP 14075 W. DXIE HWY
NORTH MIAMI FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NICHOLSON, ELIZABETH
CITY-ST-ZIP 20765 N W 9TH COURT 6103
MIAMI FL 33169

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

TITLE ☒ Delete
NAME D
STREET ADDRESS SHAPIRO, BERT
CITY-ST-ZIP 41 DETERRA ST., SUITE 414
PALM BEACH FL

TITLE ☐ Change ☒ Addition
NAME ADAM WEINSTOCK
STREET ADDRESS 24 BAILEY DRIVE
CITY-ST-ZIP MASSAPEQUA, N.Y. 11758

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Eleanor Grace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 28, 01 305-493-0063
Date Daytime Phone #

CR2E037 (10/00)