

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90396 030 ****61.25

DOCUMENT # N93000004524

1. Entity Name

SAVE OUR STRAY PETS, INC.



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

Zip

Country

Zip

Country

4. FEI Number **65-0450401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRACE, ELEANOR
19996 NE 5 CT
MIAMI FL 33179**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **D** ☐ Delete
NAME **WEINSTOCK, ADAM**
STREET ADDRESS **24 BAILEY DR**
CITY-ST-ZIP **MASSAPEQUA NY 11758**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☒ Change ☒ Addition
NAME **JAMIE GRACE**
STREET ADDRESS **7A FREEMAN ST**
CITY-ST-ZIP **PROVINCETOWN, MASS 02657**

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

Eleanor Grace 4/7/03 305 493

CR2E037 (10/02)