2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am DOCUMENT # **N94000006297 Secretary of State** THE NATIONAL SAVE-A-PET FOUNDATION, INC. 03-15-2000 90084 026 ****61.25 Principal Place of Business Mailing Address 120 OLIVE AVE. SOUTH 120 OLIVE AVE. SOUTH SUITE 301 COLUMN 301 AU029975 WEST PALM BEACH FL 33401-5532 WEST, PALM BEACH FL 33401-5501 3. Mailing Address 2. Principal Place of Business 120 OLIVE AVE SOUTH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 301 Applied For City & State 4. FEI Number City & State NEST DALM BEACH FL 65-0572604 Not Applicable \$8.75 Additional Zip 4.5. 5. Certificate of Status Desired 3341-55-32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHAPERO, BERTRAM 120 OLIVE AVE. SOUTH 301 3VF STE. 306 33 400~553 x WEST PALM BEACH FL 33401 WEST PALM ABACH 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 BERTHAY SHADENO SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PTD ☐ Delete TITLE TITLE NAME NAME MAXWELL, GERTRUDE G STREET ADDRESS STREET ADDRESS 1473 N OCEAN BLVD CITY-ST-ZIE CITY-ST-7IP PALM BEACH FL Change Addition **X** Delete ΠΠΕ TITLE ARMENDARIZ, ALMA NAME NAME PRAT. GENE 450 BRAZILIAN NO STREET ADDRESS STREET ADDRESS P.O. BOX 1 N/A PALH BEACH, RL 33480 CITY-ST-ZIP CITY-ST-ZIP **KENTFIELD CA 94914 Addition** ☐ Change Delete TITLE DCORBN, BRUCER, DVM NAME NAME MCATEE, TIMOTHY K 6510 S. DINE HWY STREET ADDRESS STREET ADDRESS 130 SANTA ANA AVE WEST PAUM BUNCH, FL 33405 CITY-ST-7IP CITY-ST-ZIP SAN FRANCISCO CA ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME SANDOVAL, INA STREET ADDRESS STREET ADDRESS 1412 CREST DR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FI ☐ Change Addition TITLE ☐ Delete TITLE ALLEN, NORMA NAME NAME 127 PERUVIAN AVE STREET ADDRESS STREET ADDRESS PALT BEACH, DL 33480 CITY-ST-7IP CiTY-ST-ZIP CENERAL COUNSEL

12. I hereby certify that the information supplied with this filling 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 of Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: x

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

REQUIREDBERTANH SHAPERO, 3/9/00 (561)8326660

WEST ALL DEXCH, RL 33401-5532

120 GLIVE AVE SOUTH STEGO!

BERTHAN SHAPENO

☐ Change

Addition