

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001524

1. Entity Name

HOLLYDOGS GREYHOUND ADOPTION, INC.

Principal Place of Business

1600 S. DIXIE HWY.
HOLLYWOOD FL 33020

Mailing Address

1600 S. DIXIE HWY.
HOLLYWOOD FL 33020-6259

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RIZZI, SILVANA
1600 S. DIXIE HWY.
HOLLYWOOD FL 33020

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.

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 CORTELLA, SERGIO
STREET ADDRESS 1600 S. DIXIE HWY.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ Delete
NAME RIZZI, SILVANA
STREET ADDRESS 1600 S. DIXIE HWY.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D ☐ Delete
NAME GACEL, YAMIL
STREET ADDRESS 8275 S.W. 2ND ST.
CITY-ST-ZIP MIAMI FL 33144

TITLE D ☐ Delete
NAME CULLINAME, BETTY
STREET ADDRESS 14905 S.W. 11TH STREET
CITY-ST-ZIP SUNRISE FL 33326

TITLE D ☐ Delete
NAME BEAIRD, PAUL
STREET ADDRESS 7401 CORTEZ ST
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME GACEL, MARY
STREET ADDRESS 8275 S.W. 2ND ST
CITY-ST-ZIP MIAMI FL 33144

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1070 WILLOW AVENUE
CITY-ST-ZIP CINCINNATI, OH 45246

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90016 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

01-31-00 (954) 925-7758