

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-07-2000 90460 008 ****61.25

DOCUMENT # N99000004919

1. Entity Name

ZANIMALS CHILDEN FOUNDATION, INC. (Incorrect / Misspelled)
ZANIMALS CHILDREN FOUNDATION, INC.

Principal Place of Business: NO Mailing Address: NO
 601 BRICKELL KEY DRIVE SUITE 705 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **6450 Collins Ave - PH 1**
 Suite, Apt. #, etc.: **Penthouse One**

3. Mailing Address: **Same**
 Suite, Apt. #, etc.: **Same**

City & State: **Miami Beach, FL**

4. FEI Number: **65-0944241**
 Applied For: Not Applicable

Zip: **33141** Country: **USA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
OA LA PENA, VILLANUEVA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

7. Name and Address of New Registered Agent:
 Name: **Michael J. Roe**
 Street Address (P.O. Box Number is Not Acceptable): **6450 Collins Avenue**
 City: **Miami Beach** State: **FL** Zip Code: **33141**

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: Michael J. Roe DATE: May 5, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES 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	President	<input type="checkbox"/> Delete
NAME	Michael J. Roe	
STREET ADDRESS	6450 Collins Ave - PH 1A	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	Patrice M. Willoughby	<input type="checkbox"/> Delete
NAME	1000 Venetian Way #806	
STREET ADDRESS	Miami, FL 33139	
CITY-ST-ZIP		
TITLE	Meg Monique Roe	<input type="checkbox"/> Delete
NAME	5545 Balboa Drive	
STREET ADDRESS	Oakland, CA 94611	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 B17, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address change or other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael J. Roe May 5, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C/P2E037 (9/91)