

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000231

1. Entity Name

GONZOHAUS K9 SERVICES INC.

Principal Place of Business

Mailing Address

14000 NW 41ST ST. LOT 6
MIAMI FL 33178

P O BOX 681217
MIAMI FL 33168

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 52-222421

Lic.# 00445578-8

Applied For

Not Applicable

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

GONZALES, ERIC
14000 NW 41ST ST, LOT 6
MIAMI FL 33178

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PROPRIETOR-OWNER-PRESIDENT ERIC GONZALES 14000 N.W. 41ST ST, LOT #6 MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT NELIDA GONZALES 14000 N.W. 41ST ST, LOT #6 MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER ERIC & NELIDA GONZALES 14000 N.W. 41ST ST, LOT #6 MIAMI, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY NELIDA GONZALES 14000 N.W. 41ST ST, LOT #6 MIAMI, FL 33178 |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4-14-00

Date

Daytime Phone #

05-01-2000 90374 018 ***150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 23 PM 3:47



DO NOT WRITE IN THIS SPACE

CR25024 (9/99)