FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

[redacted]
P00000041049

FILED
02 MAR 20 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000041049

1. Entity Name

Totally Dog, Inc

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 02/10/02 900010 010 150.00

2. Principal Place of Business	3. Mailing Address
26055 SW 197 Ave	26055 SW 197 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33031 Country: USA	Zip: 33031 Country: USA

4. FEI Number: 651003748 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Elena Lopez de Mesa

Street Address (P.O. Box Number is Not Acceptable): 26055 SW 197 Ave

City: Miami FL Zip Code: 33031

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	owner
NAME	Elena Lopez de Mesa
STREET ADDRESS	26055 SW 197 Ave
CITY-ST-ZIP	Miami, FL 33031
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elena Lopez de Mesa 3/1/02 305-858-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #