

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000073764**1. Entity Name  
PET PARK, INC.

Principal Place of Business 1250 E HALLANDALE BEACH BLVD, STE 710  HALLANDALE FL 33009	Mailing Address 1250 E HALLANDALE BEACH BLVD, STE 710  HALLANDALE FL 33009
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2. Principal Place of Business 7005 NORTH WATERWAY DRIVE	3. Mailing Address 7005 NORTH WATERWAY DRIVE
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Suite, Apt. #, etc. SUITE 306	Suite, Apt. #, etc. SUITE 306
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33155	Country	Zip 33155	Country
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**TARR ANDREW D  
1250 E HALLANDALE BEACH BLVD, STE 710  
  
HALLANDALE FL 33009**7. Name and Address of New Registered Agent**Name  
GARLAND JEREMY R  
Street Address (P.O. Box Number is Not Acceptable)  
6318 SW 43 STREET  
  
City MIAMI FL Zip Code 33155

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 **JEREMY R. GARLAND****04/10/2001**

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND JEREMY ROE 6318 SW 43RD ST MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMANTHA HIRSCH HAILEY 6318 SW 43RD ST MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND JEREMY ROE 7005 N. WATERWAY DRIVE, SUITE 306 MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRSCH-GARLAND HAILEY 7005 N. WATERWAY DRIVE, SUITE 306 MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HAILEY HIRSCH-GARLAND**

D

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)