

FOR PROFIT CORPORATION**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 16, 2002 8:00 am**
Secretary of State

05-16-2002 90055 005 ***150.00

DOCUMENT # P00000074368**1. Entity Name**

TORRES PET SHOP, INC.

DO NOT WRITE IN THIS SPACE**2. Principal Place of Business**

432 WEST 29TH STREET

Suite, Apt. #, etc.

3. Mailing Address

432 WEST 29TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FLORIDA**City & State**
HIALEAH, FL**4. FEI Number**

65-1030778

Applied For

Not Applicable

Zip
33012**Country**
USA**Zip**
33012**Country**
USA**5. Certificate of Status Desired** ☒**\$8.75 Additional
Fee Required****7. Name and Address of Current Registered Agent****Name**

RAUL GARCIA

Street Address (P.O. Box Number is Not Acceptable)

432 WEST 29TH STREET

City

HIALEAH

FL**Zip Code**

33012

**DO NOT WRITE
IN THIS SPACE****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) ☐**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**
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
RAUL GARCIA
432 W 29TH STREET
HIALEAH, FL 33012**TITLE**
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #