

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 032 ***150.00

DOCUMENT # P00000079553

1. Entity Name
MERIDIAN PET CREMATION SERVICE, INC.



Principal Place of Business
14165 S.W. 87 STREET STE 501-D
MIAMI FL 33183

Mailing Address
PO BOX 310453
MIAMI FL 33231-0453

2. Principal Place of Business
15311 SW 52nd TERR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
FL 33185

City & State
Zip
Country

4. FEI Number 65-1037458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALDERON, PATRICIA M
14165 S.W. 87 STREET STE 501-D
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name
PABLO MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
15311 SW 52nd TERR
City MIAMI FL Zip Code 33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pablo Martinez* PRESIDENT

5/1/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERON, PATRICIA M 14165 S.W. 87 STREET STE 501-D MIAMI FL 33183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, PABLO 14165 S.W. 87 STREET STE 501-D MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUNEZ, MIGUEL 250 NAVESINE CT HOLMDEL NJ 07733	<input checked="" 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PABLO MARTINEZ, PRESIDENT 15311 SW 52nd TERR MIAMI, FL 33185	<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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pablo Martinez* SIGNATURE REQUIRED

5/1/03 305-975-4819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)