

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90099 026 \*\*\*150.00

0027107  
AV

**DOCUMENT # P00000091928**

**1. Entity Name**  
**LUV PAWS CATTERY, INC.**



**Principal Place of Business**  
**8521 NW 14 ST**  
**PEMBROKE PINES FL 33024**

**Mailing Address**  
**8521 NW 14 ST**  
**PEMBROKE PINES FL 33024**



**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** **65-1086469**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ARCAMONTE, CARLA J**  
**8521 NW 14 ST**  
**PEMBROKE PINES FL 33024**

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARCAMONTE, CARLA J</b> <b>8521 NW 14 ST</b> <b>PEMBROKE PINES FL 33024</b> <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	<b>CFO</b> <b>ARCAMONTE, STEVE</b> <b>8521 NW 14 ST</b> <b>PEMBROKE PINES FL 33024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/9/03* *(951) 704-8664*  
Date Daytime Phone #

CR2E034 (4/03)

Attachment II  
86147673  
PO0000091988

September 9, 2003

To Whom It May Concern:

Enclosed please find the forms that were sent to Luv Paws Cattery and the \$150.00 fee for filing. We did not receive the original renewal notice that was due on May 1<sup>st</sup>, 2003. If we would have received the notice it would have been paid on time.

If you have any questions or need any further information please contact us at 954-704-8664.

Sincerely,



Carla J Arcamonte  
President

ENCLOSURE