

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90323 037 ***150.00

DOCUMENT # P00000106336

1. Entity Name

PETS USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1155 Brickell Bay Dr

Suite, Apt. #, etc.

Suite 1801

City & State

Miami - Florida

Zip

33131

Country

USA

3. Mailing Address

1155 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite 1801

City & State

Miami - Florida

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1060011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Uribe, Juan C.

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

1155 Brickell Bay Dr Suite 1801

City Miami

FL

Zip Code

33131

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

04/12/02

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 PD
NAME Uribe, Juan C.
STREET ADDRESS 1155 Brickell Bay Dr Suite 1801
CITY - ST - ZIP Miami - FL 33131

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**DO NOT WRITE
IN THIS SPACE**

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

04/12/02

Date

(305) 400 6106

Daytime Phone #

CR2E034B (12/01)