
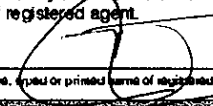



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90467 045 \*\*\*150.00

<b>DOCUMENT # P00000106336</b>					
1. Entity Name <b>PETS USA INC.</b>					
Principal Place of Business <b>1155 BRICKELL BAY DR SUITE 1801 MIAMI, FL 33131</b>			Mailing Address <b>1155 BRICKELL BAY DR SUITE 1801 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>1155 Brickell Bay Dr.</b>			3. Mailing Address <b>7109 NW 50th Street</b>		
Suite, Apt. #, etc. <b>Suite 1801</b>			Suite, Apt. #, etc. <b>Suite 1822</b>		
City & State <b>Miami - Florida</b>			City & State <b>Miami - Florida</b>		
Zip <b>33131</b>		Country <b>U.S.A.</b>		4. FEI Number <b>65-1060011</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>URIBE, JUAN C 1155 BRICKELL BAY DR SUITE 1801 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>03/13/03</b>					
(NOTE: Registered Agent signature required when reinstating)					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	<b>PD</b>				
	<b>URIBE, JUAN C</b>				
	<b>1155 BRICKELL BAY DR. SUITE 1801</b>				
	<b>MIAMI, FL 33131</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
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 another like empowered.					
SIGNATURE:  DATE <b>03/13/03</b> (305) 400-6106					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)