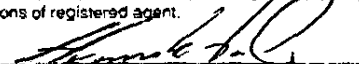
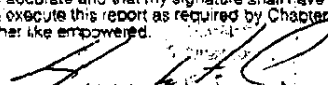


UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034133			
Entity Name CRAZY TAILS GROOMING SALON, INC. 82-87			
Principal Place of Business 7590 NW 186th Street Suite 107 Miami, FL 33015		Mailing Address 7590 NW 186th Street Suite 107 Miami, FL 33015	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CALVO, HUMBERTO 11350 SW 42nd Street Miami, FL 33165		Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ Signature, typed or printed name of registered agent and state of residence (NOTE: Registered Agent signature required when reappointment)			
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	D ☐ Delete CALVO, HUMBERTO 11350 SW 42nd Street Miami, FL 33165	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000019319220 05/19/03--01048--013 **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000019319220 05/19/03--01048--014 **150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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  DATE 04-30-03 (305) 828-5364 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TOTAL P.01	

FILED

03 MAY 19 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 05-0522711

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

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

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

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

May 15, 2003

Re: 2002-2003 State of Florida Uniform Business Report ("URB")

Dear Justin M. Shivers
Document Specialist
Letter Number: 503A00027896

We are in receipt of your letter dated May 6, 2003 stating that we (CRAZY TAILS GROOMING SALON INC. Ref. Number: P01000034133) had not filed our 2002 URB and that our 2003 URB was being denied for this reason. In addition, we were being to pay \$900.00 in filing fees and fines for the 2002 and 2003 URBS.

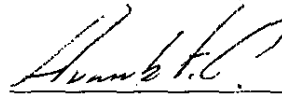
The reason a 2002 URB was never filed was due to the fact that we had moved from our previous location and never received the 2002URB. We have contacted your offices and have been informed that since the 2002 URB was never received, that the State of Florida Division of Corporations would consider our 2002 URB as timely filed if we were to include the \$150.00 filing fee for 2002 with our 2003 URB filing.

We are thereby enclosing a money order for the amount of \$150.00 and check#1065 for the amount of \$150.00 for a total of Three Hundred (\$300.00) dollars along with our 2003 URB of which One Hundred Fifty (\$150.00) dollars is the filling fee for our 2002 URB.

If you have any questions regarding the aforementioned matter please call us at 305-828-5364. We also want to submit our new address:

CRAZY TAILS GROOMING SALON, INC.
7590 NW 186th Street Suite #107
Miami, Florida 33015

Sincerely,



Humberto Calvo
Registered Agent