2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address
426 EAST 43RD STREET

HIALEAH FL 33013

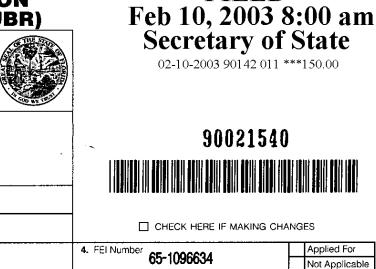
DOCUMENT # P0100041800

1. Entity Name

Principal Place of Business

426 EAST 43RD STREET HIALEAH FL 33013

BOTANICA PET SHOP OSIMBA CORP.



FILED

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CABALLERO, CARMEN B. Street Address (P.O. Box Number is Not Acceptable) --426 EAST 43RD STREET HIALEAH FL 33013 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE CABALLERO, CARMEN B NAME NAME 426 EAST 43RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HERNANDEZ, BERNARDO STREET ADDRESS STREET ADDRESS |426 EAST 43RD STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

SIGNATURE:

LONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0//3//03

Daytime Phone #

CR2E034 (10/02)