

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90383 040 ***150.00

DOCUMENT # P01000050833

1. Entity Name

HALLANDALE PET SALON, INC.

Principal Place of Business

1027 HALLANDALE BEACH BLVD #17
HALLANDALE FL 33009

Mailing Address

1027 HALLANDALE BEACH BLVD #17
HALLANDALE FL 33009

2. Principal Place of Business

1025 E. HALLANDALE BEACH BLVD.
SUITE #17

3. Mailing Address

1025 EAST HALLANDALE BEACH BLVD.
SUITE #17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

FLORIDA

Zip

33009

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1107721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MRS. KONSTANCIJA LEVINA

Street Address (P.O. Box Number is not acceptable)

1670 NE 171st St.

APT. # 307

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

K. Levine

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVINA, KONSTANCIJA 1027 HALLANDALE BEACH BLVD #17 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 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

4/9/02

Date

954 4568070

Daytime Phone #

CR2E034 (9/01)