

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-28-2003 90147 008 ***150.00
P01000060419

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DOCUMENT # P01000060419

1. Entity Name
FEATHERED FRIENDS, INC.



03 AUG -6 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
418 E 21 STREET
HIALEAH FL 33013

Mailing Address
418 E 21 STREET
HIALEAH FL 33013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1119963

Applied For
Not Applicable

5. 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

VALDES, ANTONIO
418 E 21 STREET
HIALEAH FL 33013

Name

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

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PO VALDES, ANTONIO 418 E 21 STREET HIALEAH FL 33013	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/2003 (305)-788-7693

Date Daytime Phone #

CR2E034 (4/03)

*Feathered Friends, Inc.
418 East 21st street
Hialeah, Florida 33013*

July 23, 2003

In reply to: UBR # P01000060419

Division of Corporations
Uniform Business Report Fillings
P.O. Box 1500
Tallahassee, FL 32302-1500

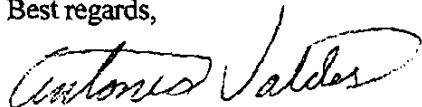
To Whom It May Concern:

Subject: FEI # 65-1119963

As per your system instructions, I am mailing a check for \$150.00 along with the UBR document # P01000060419 because my corporation never received the first report. I recently changed accountants and the first report may have been sent directly to the first one, like many other documents. I regret any inconvenience this situation may have caused.

Should you have any farther questions, please do not hesitate to contact me at (305) 863-2052. Other wise, thanks for your understanding.

Best regards,



Antonio Valdes
President
Feathered Friends, Inc.