

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000087886

1. Entity Name

BAY VILLAGE PET SUPPLY, INC.

FILED

02 NOV 27 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1876, 79 St., Causeway

3. Mailing Address

1876, 79 St., Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Bay Village Fl.

City & State
North Bay Village Fl.

4. FEI Number

65-1132955

Applied For

Not Applicable

Zip
33141

Country
USA

Zip
33141

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BARROSO, JOSEFA

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

1876, 79 St., Causeway

City

North Bay Village

FL

Zip Code
33141

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

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

JOSEFA BARROSO

(NOTE: Registered Agent signature required when re-registering)

11-21-02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P/S/D
NAME BARROSO, JOSEFA
STREET ADDRESS 3501 W. 11 Ave., #109
CITY-ST-ZIP Hialeah, Fl. 33012-4997

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200009300142
12/02/02-01063-007 **\$61.25

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

11-21-02

305-512-1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEFA BARROSO

Date

Telephone #

CR2E034B (12/01)