

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0149922 AV

DOCUMENT # P01000102387

1. Entity Name
PUPPY KING, CORP.



04-30-2003 90057 033 ***150.00

Principal Place of Business
18634 NW 67TH AVE.
MIAMI LAKES FL 33015

Mailing Address
18634 NW 67TH AVE.
MIAMI LAKES FL 33015

11027010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1147114

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMBRANO, HERNANDO
18634 NW 67TH AVE.
MIAMI LAKES FL 33015

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 \$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 PD
NAME ZAMBRANO, HERNANDO
STREET ADDRESS 18634 NW 67TH AVE.
CITY-ST-ZIP MIAMI LAKES FL 33015 ☒ Delete

TITLE PD
NAME ADELA ACERO
STREET ADDRESS 18634 NW 67TH AVE
CITY-ST-ZIP MIAMI LAKES FL. 33015 ☒ Change ☐ Addition

TITLE VPD
NAME ZAMBRANO, ESTELLA
STREET ADDRESS 18634 NW 67TH AVE.
CITY-ST-ZIP MIAMI LAKES FL 33015 ☒ 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

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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: *Adela Acero* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03 (305) 6256161/65

Date

Daytime Phone #

CR2E034 (10/02)