

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

FILED
May 07, 2004 8:0
Secretary of State

DOCUMENT # P02000020933
1. Entity Name

SARDUY'S PET SHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
835 East 41st Street

3. Mailing Address
835 East 41st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah Florida

City & State
Hialeah Florida

4. FEI Number 01-0609196

Applied For
Not Applicable

Zip 33013

Country USA

Zip 33013

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SARDUY, EDUVIGES FRIDA

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

835 East 41st Street

City Hialeah FL Zip Code 33013

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.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SARDUY, EDUVIGES FRIDA
4235 East 8th Lane
Hialeah FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500035848805
05/11/04--01017--003 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 (301) 362-9135
Date Daytime Phone #