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Apr 07, 2003 8:00 am § Secretary of State

04-07-2003 91006 015 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020933

1. Entity Name

SARDUY'S PET SHOP, INC.



Principal Place of Business Mailing Address 951 E 41ST STREET 7851 E 41ST STREET HIALEAH FL- 30013 ---HIALEAH FL 99013 Principal Place of Business 855 East 41st Street 3. Mailing Address 855 East 41st Street Suite, Apt. #, etc. Suite, Apt. #, etc. **EX** CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Hialeah Florida 01-0609196 Not Applicable <u>Hialeah Florida</u> Zip 33013 Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 33013 U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name EDDY SARDUY SARDUY: EDUVIGIS FRIDA Street Address (P.O. Box Number is Not Acceptable) 4235 E 8TH LN 855 East 41st Street HIALEART FL 33019-City Hialeah 8. The above named entity subprits 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 EDDY SARDUY 4/03/2003 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE PD X Delete TITLE X Change Addition NAME SARDUY: EDUVIGIS-FRIDA NAME SARDUY, EDDY STREET ADDRESS 4235-E 87H LN STREET ADDRESS 4235 East 8th Lane CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP Hialeah Fl 33013 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 DIRECTO

4/03/2003 .(305) 688-9405

Daytime Phone #