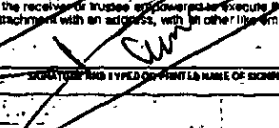


FILED
May 30, 2003 8:00 am
Secretary of State

5/1/2

05-01-2003 90288 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083803			
1. Entity Name SOUTH FLORIDA PET SPAS, INC.			
Principal Place of Business 169 E FLAGLER ST, STE 1014 MIAMI, FL 33131		Mailing Address 169 E FLAGLER ST, STE 1014 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 020636672		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1600 SAN REMO AVE, STE 126 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent	
		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 _____ DATE _____			
B. 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 CROSS, DONALD D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	169 E FLAGLER ST, STE 1014	NAME	
STREET ADDRESS	MIAMI, FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CROSS, CARMEN ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	169 E FLAGLER ST, STE 1014	NAME	
STREET ADDRESS	MIAMI, FL 33131	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	☐ 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information disclosed 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: 		DONALD CROSS 4/28/03 (305) 381-6241	

55045063



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)