AMENDED
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 AUG 14 AM 10: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400022481084
08/21/03--01052--013 **61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000083803

1. Entity Name
SOUTH FLORIDA PET SPAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13790 S.W. 56 STREET		13790 S.W. 56 STREET	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33175	Country USA	Zip 33175	Country USA

4. FEI Number 02-0636672 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name ATRIUM REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
1500 SAN REMO AVENUE, SUITE 125
City CORAL GABLES, FL Zip Code 33146

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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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BOZA, KATIUSKA 13790 S.W. 56 STREET, SUITE B MIAMI, FL 33175	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOZA, MIGUEL 13790 S.W. 56 STREET, SUITE B MIAMI, FL 33175	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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

MIGUEL BOZA

SIGNATURE: [signature] KATIUSKA Y. BOZA 08-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #