

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0195631 AV

DOCUMENT # P02000098856

1. Entity Name  
ROCKY'S GROOMING SALON & PET SUPPLIES, INC.



04-30-2003 90151 037 \*\*\*150.00

Principal Place of Business  
6230 WILES RD  
APT 103  
CORAL SPRINGS FL 33067  
US

Mailing Address  
6230 WILES RD  
APT 103  
CORAL SPRINGS FL 33067  
US



2. Principal Place of Business

326 South State Rd 7  
Suite, Apt. #, etc.

3. Mailing Address

326 South State Rd 7  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number  
04-3715376

Applied For  
Not Applicable

Zip  
33068

Country  
Dromand

Zip  
33068

Country  
Dromand

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, BELKIS  
6230 WILES RD  
APT 103  
CORAL SPRINGS FL 33067

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 *Eduardo* *Vice President* *4/28/03*  
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	P	<input type="checkbox"/> Delete
NAME	ALVAREZ, BELKIS	
STREET ADDRESS	6230 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZAMORA, EDUARDO	
STREET ADDRESS	6230 WILES RD APT 103	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rizemal Abunassar	
STREET ADDRESS	8201 NW 66th Terr.	
CITY-ST-ZIP	TAMPA FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Eduardo* *Vice President* *4/28/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)