

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

**FILED
May 10, 2007 8:00 am
Secretary of State**

05-10-2007 90030 041 ***150.00

DOCUMENT # P03000062868
1. Entity Name
SNAPPER CREEK PLAZA ANIMAL HOSPITAL INC

DO NOT WRITE IN THIS SPACE

40110410

2. Principal Place of Business 7154 SW 117 AVENUE Suite, Apt. #, etc.		3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206	
City & State MIAMI, FL		City & State MIAMI, FLORIDA	
Zip 33183	Country US	Zip 33144	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0719957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GABRIELA BUSTILLO	
Street Address (P.O. Box Number is Not Acceptable) 7154 SW 117 AVENUE	
City MIAMI	State FL
Zip Code 33183	

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIELA BUSTILLO 7154 SW 117 AVENUE MIAMI, FL 33183
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11.

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #