

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

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90481 038 ***150.00

DOCUMENT # *P03000114116*

1. Entity Name

*Puppy House INTERNATIONAL
CORP*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10855 SW 72 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33175

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rolando Lopez

Street Address (P.O. Box Number is Not Acceptable)

3230 NW 17 ST

MIAMI

City

FL

Zip Code

33125

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

Rolando Lopez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

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 *PRESIDENT*
NAME *Rolando Lopez*
STREET ADDRESS *3230 NW 17 ST*
CITY-ST-ZIP *MIAMI FL 33125*

TITLE *SECRETARY*
NAME *Rolando Lopez*
STREET ADDRESS *3230 NW 17 ST*
CITY-ST-ZIP *MIAMI FL 33125*

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: *Rolando Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

DATE

7865877520

Daytime Phone #

CR2E034B (12/02)

Attachment

Attachment 44045361
00300011416

RESIDENT
10855 SW 72 ST
STE 25
MIAMI FL 33175

Request taken by: shyong
04-27-2004

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

thanks for the Application

ANY Rolando Lopez