

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90190 024 ***150.00

DOCUMENT # P94000023286

1. Entity Name

PINES WEST ANIMAL HOSPITAL, INC.

Principal Place of Business

18419 PINES BLVD
 PEMBROKE PINES FL 33029
 US

Mailing Address

1489 W. PALMETTA PARK RD
 485
 BOCA RATON FL 33486-3327
 US

2. Principal Place of Business

3. Mailing Address

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0508305

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

USA

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

CANTOR, SAMUEL J
 1489 W. PALMETTO PARK ROAD
 SUITE 485
 BOCA RATON FL 33486

Name
 Cantor, Samuel J.

Street Address (P.O. Box Number is Not Acceptable)
 6700 Broken Sound Pkwy NW

Suite 200

City
 Boca Raton,

FL

Zip Code
 33487

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.

SIGNATURE

Samuel J. Cantor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BERG, STEVEN**
 STREET ADDRESS **18419 PINES BLVD**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MEACHAN, LORI**
 STREET ADDRESS **18419 PINES BLVD**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Berg

Date

Daytime Phone #

4/1/00

954-430-5353

CR2E034 (9/99)