## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000047277**

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

2. Principal Place of Business

BAYER, NEIL

(See criteria on back)

D

3197 VIRGINIA ST

**COCONUT GROVE FL 33133** 

9. This corporation is eligible to satisfy its intangible

ROGOFF, RICHARD P DR

COLKER, DEBORAH DR

10521 N KENDALL DR SUITE E-101

10521 N KENDALL DR SUITE E-101

Tax filing requirement and elects to do so.

**MIAMI FL 33173** 

**MIAMI FL 33173** 

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

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STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

KENDALL ANIMAL CLINIC, INC.

Principal Place of Business	Mailing Address
10521 N KENDALL DR SUITE E-101 MIAMI FL 33173	10521 N KENDALL DR SUITE E-101 MIAMI FL 33176-1554

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

NAME

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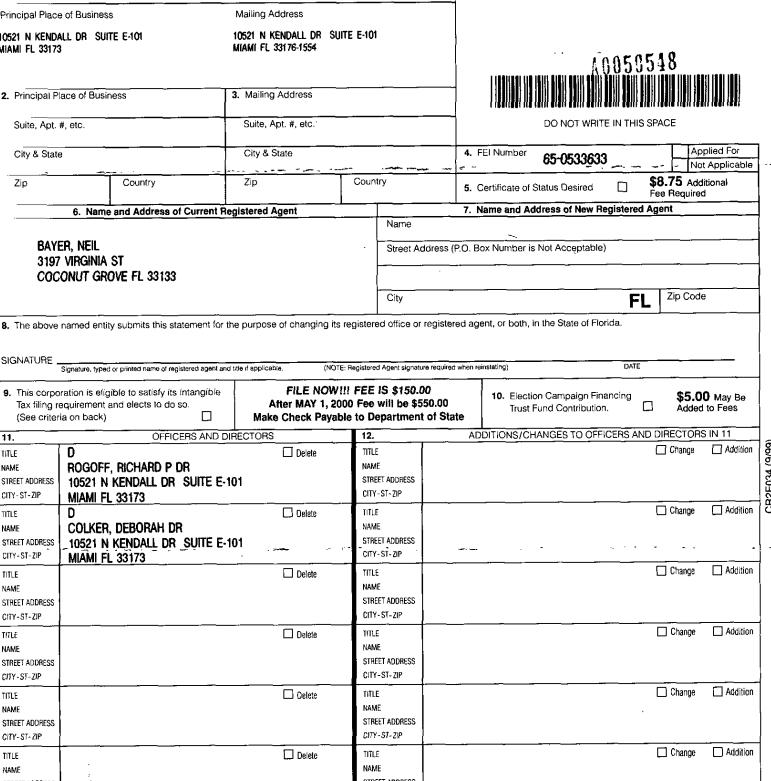
CITY-ST-ZIP

Name

City

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90062 042 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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-

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER