

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90439 001 ***150.00

DOCUMENT # **P950000 44275**

1. Entity Name

Animal Pet Shop Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10843 SW 40 ST.

Suite, Apt. #, etc.

Miami FL 33165-4410

City & State

Zip

Country

3. Mailing Address

10843 SW 40 ST

Suite, Apt. #, etc.

Miami FL 33165-4410

City & State

Zip

Country

4. FEI Number

65-0614020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DD	TITLE	
NAME	Altuve, Eva	NAME	
STREET ADDRESS	10843 SW 40th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33165	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	Altuve, Norys	NAME	
STREET ADDRESS	10843 SW 40th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33165	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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: **Norys Altuve**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305
4/23/04 **227-4293**
Date Daytime Phone #

CR2E034B (12/02)