

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 050 ***150.00

DOCUMENT # P95000069240

1. Entity Name

ANIMAL LOVERS CENTER, INC.

Principal Place of Business

Mailing Address

~~8454 S.W. 24TH ST.~~

~~8454 S.W. 24TH ST.~~

~~MIAMI FL 33155~~

~~MIAMI FL 33155~~

2. Principal Place of Business

3. Mailing Address

8466 S.W. 24TH

Suite, Apt. #, etc.

Suite, Apt. #

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33155

USA



DO NOT WRITE IN THIS SPACE

Number

65-0611643

Applied For

Not Applicable

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

HURTADO, XIOMARA

3901 S.W. 78TH CT., APT. 21

MIAMI FL 33155

Name

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

City

FL

Zip Code

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

8-19-01

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **DP**
STREET ADDRESS **HURTADO, XIOMARA**
CITY-ST-ZIP **3901 S.W. 78TH CT., APT. 21**
MIAMI FL 33155

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

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **HURTADO, MIGUEL**
CITY-ST-ZIP **3901 S.W. 78TH CT., APT. 21**
MIAMI FL 33155

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.19.01 305 220 7721

Date

Daytime Phone #

CR20034 (5/01)

Attachment
D# P9500000240
80005701

Miami, Sept 13, 2001

Florida Department of State
Division of Corporation

From: Animal Lovers Center
8466 S.W. 24th
Miami, FL 33155

I am requesting respectfully,
accept my Annual Report Fees
as \$150⁰⁰ we moved the store
see our new address above
and all the correspondence was
~~misplaced so we did not receive~~
the 2001, Annual Report on time
thank you, very much

God Bless, America!

Romana Hurtado