

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

FILED

DOCUMENT # P96000012691

04 JAN -6 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

500026187055

01/06/04--01032--001 **150.00

1. Entity Name

2. Principal Place of Business

2515 SW 27th Avenue

3. Mailing Address

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 606

City & State

Miami, FL

City & State

Coral Gables, FL

4. FEI Number

65-0638080

Applied For

Not Applicable

Zip

33133

Country

Zip

33134

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Ted Sanchez

Street Address (P.O. Box Number is Not Acceptable)
2515 SW 27th Avenue

City Miami

FL

Zip Code 33133

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | Ted Sanchez |
| STREET ADDRESS | 2515 SW 27th Avenue |
| CITY-ST-ZIP | Miami, FL 33133 |
| TITLE | D |
| NAME | Neva J. Sanchez |
| STREET ADDRESS | 2515 SW 27th Avenue |
| CITY-ST-ZIP | Miami, FL 33133 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

(305) 859-7979

CR2E034B (12/01)

Silver Bluff Animal Clinic



December 9, 2003

Division of Corporations
Uniform Business Report Findings
P.O. Box 1500
Tallahassee, Florida 32303-1500

P96000012691

To Whom It May Concern:

Through this letter please be advised that we have changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, Florida 33134. Accordingly, we did not receive on a timely basis the Uniform Business report for the year 2003. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,

Ted Sanchez, DVM