

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065634

1. Entity Name

PUPPY HOLDINGS INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90094 033 ***150.00

Principal Place of Business

Mailing Address

600 PALM AVENUE
SUITE A
HIALEAH FL 33010

600 PALM AVENUE
SUITE A
HIALEAH FL 33010-4354

2. Principal Place of Business

9360 Sunset Dr. # 291

3. Mailing Address

9360 Sunset Dr. # 291

Suite, Apt. #, etc.

Miami, Fl.

Suite, Apt. #, etc.

Miami, Fl.

City & State

City & State

4. FEI Number

65-0684112

Applied For

Not Applicable

Zip
33173

Country

USA

Zip

33173

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GESTIDO, JR. A
600 PALM AVE.
SUITE A
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Augusto J. Gil

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

9360 Sunset Dr. # 291

City Miami

FL

Zip Code
33173

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) ☐

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GESTIDO, ANTONIO JR	
STREET ADDRESS	600 PALM AVENUE SUITE A	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, LUIS	
STREET ADDRESS	600 PALM AVENUE SUITE A	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHADO, CEFERINO	
STREET ADDRESS	600 PALM AVENUE SUITE A	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augusto J. Gil	
STREET ADDRESS	9360 Sunset Dr. # 291	
CITY-ST-ZIP	Miami, FL. 33173	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julia Gil	
STREET ADDRESS	9360 Sunset Dr. # 291	
CITY-ST-ZIP	Miami, FL. 33173	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alex Gil	
STREET ADDRESS	9360 Sunset Dr. # 291	
CITY-ST-ZIP	Miami, FL. 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/25/00 (305) 598-4002

Date

Daytime Phone #

CR2E034 (9/99)