

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094179

1. Entity Name

PET PROJECTS INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90302 028 ***150.00

Principal Place of Business

1985 NE 147TH ST
NORTH MIAMI FL 33181

Mailing Address

1985 NE 147TH ST
NORTH MIAMI FL 33181-1142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0914166

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

COX, DOUGLAS J
880 N.E 69TH STREET
APT. 9G
MIAMI FL 33138

Name

COX, DOUGLAS J.

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

11357 W. BISCAYNE CANAL Rd.

City

MIAMI

FL

Zip Code

33161

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

DOUGLAS J. COX

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

Douglas J. Cox

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS COX, DOUGLAS J
CITY-ST-ZIP 880 NE 69TH ST APT 9G
MIAMI FL 33138

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MERRITT, THOMAS
CITY-ST-ZIP 1985 NE 147TH ST
NORTH MIAMI FL 33181

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

TITLE ☐ Delete
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J. Cox DOUGLAS J. COX 4/28/00 305.892.6365

Date

Daytime Phone #