

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90008 012 ***150.00

DOCUMENT # 998000092890
1. Entity Name
LOS ANDES KENNELS, INC.

Principal Place of Business Mailing Address
8871 PINELAND P.O. BOX 33224
WEST PALM BEACH, FL 33412 PALM BEACH GARDENS
 FLORIDA 33420

103886

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. BOX 33224

DO NOT WRITE IN THIS SPACE

City & State City & State
PALM BEACH GARDENS FLA
Zip Country Zip Country
33420 PALM BEACH

4. FEI Number Applied For
52-212 8029 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS
8895 NORTH MILITARY TRAIL #202-D
PALM BEACH GARDENS, FL 33410-6266

7. Name and Address of New Registered Agent
Name RAUL ZEBALLOS
Street Address (P.O. Box Number is Not Acceptable)
8871 PINELAND
City WEST PALM BEACH FL Zip Code 33412

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] Pres. DATE 04-28-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>P.E.T.D.</u> <u>RAUL ZEBALLOS</u> <u>8871 PINELAND</u> <u>WEST PALM BEACH, FL 33412</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>V.P.</u> <u>ALMA I. SEVERYN</u> <u>8871 PINELAND</u> <u>WEST PALM BEACH, FL 33412</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 04-28-2000 (561) 333-8927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)