

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 24, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000092890**

1. Entity Name  
**LOS ANDES KENNELS, INC.**

Principal Place of Business 8871 PINELAND  WEST PALM BEACH FL 33412	Mailing Address PO BOX 33224  PALM BEACH GARDENS FL 33420
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2. Principal Place of Business 8871 PINELAND	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WEST PALM BEACH FL	City & State
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Zip 33411	Country	Zip	Country
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4. FEI Number <b>52-2128029</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ZEBALLOS RAUL  
 8871 PINELAND  
  
 WEST PALM BEACH FL  
 33412 US

**7. Name and Address of New Registered Agent**

Name  
 ZEBALLOS RAUL  
 Street Address (P.O. Box Number is Not Acceptable)  
 8871 PINELAND  
  
 City WEST PALM BEACH FL Zip Code 33411

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 \_\_\_\_\_ DATE **03/24/2001**  
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, 2001 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	VP SEVERYN ALMA I <input type="checkbox"/> Delete 8871 PINELAND WEST PALM BEACH FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZEBALLOS RAUL <input type="checkbox"/> Delete 8871 PINELAND WEST PALM BEACH FL 33412
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
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	VP SEVERYN ALMA I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8871 PINELAND WEST PALM BEACH FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZEBALLOS RAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8871 PINELAND WEST PALM BEACH FL 33411
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
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:** Raul Zeballos **PSTD** **03/24/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)