

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009721

1. Entity Name

PET'S R US MOBILE GROOMING, CORP.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90076 040 ***150.00

Principal Place of Business

Mailing Address

17449 SW 21 COURT
MIRAMAR FL 33029

17449 SW 21 COURT
MIRAMAR FL 33029-5597



DO NOT WRITE IN THIS SPACE

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

65-0900486

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

ORTA, LIDIA
17449 SW 21 COURT
MIRAMAR FL 33029

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-----------------|---------------------------------------|---------------------------------|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | D | ORTA, DAYRON | 17449 SW 21 COURT MIRAMAR FL 33029 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | D | ORTA, LIDIA | 17449 SW 21 COURT MIRAMAR FL 33029 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | D | PESCADOR, LYDIA | 17449 SW 21 COURT MIRAMAR FL 33029 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Lidia Orla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 954-430-0123

Date

Daytime Phone #

CR2E034 (9/99)