

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029888

1. Entity Name
PET IBIS, INC.

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

07-26-2000 90008 026 ***150.00

Principal Place of Business
208 NORTHLAKE BLVD.
WEST PALM BEACH FL 33412

Mailing Address
208 NORTHLAKE BLVD.
WEST PALM BEACH FL 33412

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

65-0910084

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

DONATO, SALVATORE
10138 208 NORTHLAKE BLVD. #208
WEST PALM BEACH FL 33412

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 *Salvatore Donato, Pres.*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DONATO, SALVATORE	
STREET ADDRESS	10138 N. LAKE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

TO: DEPT OF STATE

RE: FILING FEE

Doc # P9900009888

101778

4-20-2000

DUE TO AN INCORRECT ADDRESS I DID NOT RECEIVE A FILING FEE NOTICE PRIOR TO THE ATTACHED NOTICE.

IN ORDER TO OPEN MY NEW BUSINESS I WAS REQUIRED TO HAVE A LICENSE, SALES TAX NO. AND INSPECTIONS APPROVAL BY THE DEVELOPER OF THE COMPLEX WHERE I AM LOCATED.

MY STORE OPENED FOR BUSINESS JULY 15, 1999. PRIOR TO THAT I WAS PREPARING THE PREMISES FOR THE OPENING OF THE STORE.

I WOULD LIKE TO HAVE YOU CONSIDER THE JULY 15 AS THE DAY OF RECORD FOR MY BUSINESS. I AM ENCLOSED A CHECK FOR \$150.00 AS A FIRST YEAR RENEWAL RATE AND REQUEST THAT A PENALTY WILL BE WAIVED.

NOTE: PLEASE ADVISE

RESPECTFULLY YOURS

Pr Representative of S.D. on 000

Pres. of PET BUS