

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90021 048 ***150.00

DOCUMENT # P99000039391

1. Entity Name
SAN FRANCISCO ANIMAL CLINIC, INC.

Principal Place of Business Mailing Address
3003 SW 107TH AVENUE 3003 SW 107TH AVENUE
MIAMI FL 33165 MIAMI FL 33165

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 **65-0917516** 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

GARCIA, PATRICIO
3003 SW 107TH AVENUE
MIAMI FL 33165

Name **PATRICK GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
3003 SW. 107 Ave
City **MIAMI** FL Zip Code **33165**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing -- ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **GARCIA, PATRICIO**
STREET ADDRESS **2430 SW 102ND CT.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SD** ☐ Delete
NAME **GARCIA, PATRICK**
STREET ADDRESS **9825 SW 123RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☒ Change ☐ Addition
NAME **PATRICK GARCIA**
STREET ADDRESS **9825 SW. 123 TERRACE**
CITY-ST-ZIP **MIAMI, FL. 33176**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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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

PATRICK GARCIA **3/13/01**
DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)