

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046081

1. Entity Name

EPETVILLAGE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90034 045 ***150.00

Principal Place of Business

808 SE 12TH COURT #3
 FORT LAUDERDALE FL 33316

Mailing Address

808 SE 12TH COURT #3
 FORT LAUDERDALE FL 33316-2057

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 22400

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

Zip

33335

Country

BRONX

4. FEI Number

65-0926631

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

ARSCOTT, RICK
 808 SE 12TH COURT #3
 FORT LAUDERDALE FL 33316

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

TITLE ☐ Delete
 NAME DIRECTOR
 STREET ADDRESS THOMAS MANUEL
 CITY-ST-ZIP 5024 MALLARDS PLACE
 COCONUT CREEK, FL 33073

TITLE ☐ Delete
 NAME DIRECTOR, V.P.
 STREET ADDRESS DAVID SHAW
 CITY-ST-ZIP 4015 N.W. 64TH ROAD
 BOCA RATON, FL 33496

TITLE ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS ROBERT ZINN
 CITY-ST-ZIP 1548 SE 14TH STREET
 FORT LAUDERDALE, FLORIDA 33315

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Thomas Manuel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 954-702-9931
 Date Daytime Phone #

CR2E034 (9/99)