

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050946

1. Entity Name

LOVING BIRDS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90032 018 ***158.75

Principal Place of Business

3505 S. OCEAN DRIVE
#1118
HOLLYWOOD FL 33019

Mailing Address

3505 S. OCEAN DRIVE
#1118
HOLLYWOOD FL 33019-2818

2. Principal Place of Business

6222 NW 42nd Ct
Suite, Apt. #, etc.

3. Mailing Address

6222 NW 42nd Ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL
Zip 33067-3133 Country U.S.A.

City & State

Coral Springs, FL
Zip 33067-3133 Country U.S.A.

4. FEI Number

65-0927688

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WADA, AIMEE L
3505 S. OCEAN DRIVE
#1118
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name Juliet E Merino

Street Address (P.O. Box Number is Not Acceptable)
6222 NW 42nd Ct

City Coral Springs

FL

Zip Code 33067-3133

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

John Merino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	WADA, AIMEE L	
STREET ADDRESS	3505 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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	D Pres. V.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merino, Juliet	
STREET ADDRESS	6222 NW 42 nd Ct	
CITY-ST-ZIP	Coral Springs, FL 33067-3133	
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
NAME		
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:

John Merino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

Daytime Phone #

CR2E034 (9/99)