

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053518

1. Entity Name

PREFERRED PET NETWORK, INC.

Principal Place of Business

614 TIZIANO AVE.
CORAL GABLES FL 33143

Mailing Address

614 TIZIANO AVE.
CORAL GABLES FL 33143-6362

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 430965

City & State

City & State

Miami, FL

Zip

Country

Zip

33243

Country

U.S.A

4. FEI Number

65-0931409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, PAUL
2085 VICTORY GARDEN LANE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Alain Ferzli

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

614 Tiziano Ave

City

Coral Gables

FL

Zip Code
33143

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

Alain Ferzli

President ALAIN FERZLI

4/6/2000

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	P	<input type="checkbox"/> Delete
NAME	FERZLI, ALAIN	
STREET ADDRESS	614 TIZIANO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COOPER, PAUL	
STREET ADDRESS	614 TIZIANO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33143	
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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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:

Alain Ferzli ALAIN FERZLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2000

Date

305 661 9787

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP025004 10/00