

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095203

1. Entity Name

HAPPY PAWS DOGGIE DAY CARE, INC.

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

03-22-2000 90216 018 ***150.00

Principal Place of Business

2400 W CYPRESS CREEK RD
SUITE 100
FT LAUDERDALE FL 33309

Mailing Address

2400 W CYPRESS CREEK RD
SUITE 100
FT LAUDERDALE FL 33309-1829

2. Principal Place of Business

5400 STIRLING ROAD
Suite, Apt. #, etc.

3. Mailing Address

5400 STILLING RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FLORIDA

City & State

DAVIE, FL

4. FEI Number

65-0961776

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINSALTZ, DEBRA L
2400 W CYPRESS CREEK RD
SUITE 100
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name DEBRA L. STEINSALTZ
Street Address (P.O. Box Number is Not Acceptable)
5400 STIRLING ROAD
DAVIE FL
City State Zip Code
FL 33314

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

Debra L Steinsaltz DEBRA L STEINSALTZ 3/20/00
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 D
NAME STEINSALTZ, DEBRA L
STREET ADDRESS 4230 GREENBRIAR LANE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE D
NAME OSBORN, CARA
STREET ADDRESS 315 SOMERSET WAY
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VICE PRESIDENT
NAME JENNIFER CONFESSORE
STREET ADDRESS 2034 NE 32ND AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33305 ☐ Change ☒ Addition

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

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

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

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: *Debra L Steinsaltz* DEBRA L. STEINSALTZ 3/20/00 954-964-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/99)