

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000095203**

1. Entity Name

HAPPY PAWS DOGGIE DAY CARE, INC

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90494 041 ***150.00

00026873

NEW Principal Place of Business	NEW Mailing Address	OLD ADDRESS
4651 SW 66TH AVENUE DAVIE, FL 33314	5400 STIRLING RD DAVIE, FL 33314	

2. Principal Place of Business 4651 SW 66TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 4651 SW 66TH AVENUE Suite, Apt. #, etc.
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City & State DAVIE, FL	City & State DAVIE, FL	4. FEI Number 65-961776	Applied For Not Applicable
Zip 33314	Country USA	Zip 33314	Country USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEBRA L. STEINSALTZ 5400 STIRLING ROAD DAVIE, FL 33314	7. Name and Address of New Registered Agent Name MICHAEL BERNSTEIN Street Address (P.O. Box Number is Not Acceptable) 4651 SW 66TH AVENUE City DAVIE FL Zip Code 33314
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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  DATE **3/10/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT/SECRETARY	<input type="checkbox"/> Delete	TITLE PRESIDENT/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICHAEL BERNSTEIN		NAME MICHAEL BERNSTEIN	
STREET ADDRESS 4651 SW 66TH AVENUE		STREET ADDRESS 4651 SW 66TH AVENUE	
CITY-ST-ZIP DAVIE, FL 33314		CITY-ST-ZIP DAVIE, FL 33314	
TITLE PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBRA L STEINSALTZ		NAME	
STREET ADDRESS 4230 GREENBRIAR LA		STREET ADDRESS	
CITY-ST-ZIP WESTON, FL 33331		CITY-ST-ZIP	
TITLE VICE PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENNIFER M CONFESSORE		NAME	
STREET ADDRESS 2034 NE 32ND AVE		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE, FL 33305		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

3/10/01 **954-584-7026**

Date Daytime Phone #

CR2E034 (11/00)