

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097873

1. Entity Name

LULU & BEAUTY MOBILE PET GROOMING, CORP.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90092 016 ***150.00

Principal Place of Business

Mailing Address

~~5789 SW 35TH STREET~~
MIAMI FL 33155

~~5789 SW 35TH STREET~~
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

6501 SW 31 ST
Suite, Apt. #, etc.

6501 SW 31 ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami FL

Miami FL

4. FEI Number 65-0959721

Applied For
Not Applicable

Zip

Country

33155 USA

Zip

Country

33155 USA

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

SOSA, MARTA M
5789 SW 35TH STREET
MIAMI FL 33155

Name

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

6501 SW 31 ST

City

Miami

FL

Zip Code

33155

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SOSA, MARTA M
STREET ADDRESS 5789 SW 35TH STREET
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS 6501 SW 31 ST
CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE VD
NAME GONZALEZ, CARIDAD M
STREET ADDRESS 5789 SW 35TH STREET
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS 6501 SW 31 ST
CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE SD
NAME SOSA, MARTA M
STREET ADDRESS 5789 SW 35TH STREET
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS 6501 SW 31 ST
CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/16/2001 (305) 262-3735

CR2E034 (10/00)