

2000 UNIFORM BUSINESS REPORT (UBR)

7/12/00-90145-005-\$150.00-\$150.00

PAGE 1 of 1

DOCUMENT # 999 000 102320

1. Entity Name

PET PEEVE, INC.

FILED

00 AUG -2 PM 3:23

Principal Place of Business

Mailing Address

11325 NORTH EAST 9th COURT SAME
NORTH MIAMI, FL 33161 ←

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SHARYA C Cocchiola

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

11325 NE 9th

NORTH MIAMI

City

FL

Zip Code

33161

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 remitting)

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 #

CR2E034 (9/99)

7-24-00. Ref # P99000102320

Please be advised that I never had an agent before today 7-24-00. If you have a law firm listed as my agent it is because my employer opened the corp for me with that law firm. Aside from that I have never laid eyes on those attorneys & they are not and have never been my agents. I requested the Uniform Business Report by telephone after an associate told me she paid for her corporation yearly with the state. I never received any notice of having to pay for the Uniform Business Report, until I called & requested it myself. I enclosed a letter with my payment explaining all of this. Please waive the late fees under the circumstances and forward to me any future papers concerning my Corp. Thanks.

P.S. You have already cashed my check for Sharon Cacchiola