2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

Feb 19, 2002 8:00 am Secretary of State S21484 DOCUMENT # 1. Entity Name A.A.C.I./ALL ANIMAL CARE, INC. 02-19-2002 90006 036 ***150.00 Mailing Address Principal Place of Business MOBIL SERVICES 821 S W 158TH LANE SUNRISE FL 33326 SUNRISE FL 33326 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State DAVIE65-0231683 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **NIELS. THIERRY** Street Address (P.O. Box Number is Not Acceptable) 821 SW 158 LANE SUNRISE FL 33326 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete NIECS, THIERRY DANOR **NIELS, THIERRY** NAME NAME STREET ADDRESS STREET ADDRESS 821 SW 158 LANE CITY-ST-ZIP DAVIE, FL 33328 SUNRISE FL CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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

FILED

To Whom It may concern,

#521484

I filled up my business report filing form to the best of my ability, however, to avoid any mistakes, I am sending you this note to let you know that everything stays the same in my corporation, except that I have a new address which is 11193 SW 37th Manor, DAVIE, FL33328 and my new phone number is 954/577.84.34. Please, make a note of it and call me if you have any questions concerning these changes.

Sincerely,

THIERRY NIELS