05/01/2001 06:24 3052741616

FROM : PHONE NO. : PETW

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90229 015 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68802

Entity Name
PET WORLD OF MIAMI, INC.

Principal Place of Business
7575 S.W.127 AVE.
MIAMI, FL 33183

Mailing Address
7575 S.W. 127 AVE
MIAMI, FL 33183

660036

Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0315834 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KARINA PUBCHARA
3040 S.W. 130 AVE.
MIAMI, FL 33175

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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 X *Karina Purch*
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 Or Over $400 Late Fee Will Be Assessed. Make Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	KARINA PUBCHARA	
STREET ADDRESS	3040 S.W. 130 AVE.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ Delete
NAME	*KARINA PUBCHARA*	
STREET ADDRESS	*President/Secty*	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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
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 X *Karina Pubchara President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #