

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90124 037 ***150.00

DOCUMENT # S76752

1. Corporation Name
BEST PETS, INC.

Principal Place of Business

7795 W. FLAGLER ST.
#12
MIAMI FL 33144
US

Mailing Address

7243 LOCH NESS DR.
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1991

4. FEI Number

65-0283676

Applied For

Not Applicable

5. Certificate of Status Desired. ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASESKA, ISIS N
7243 LOCH NESS DR
#12
MIAMI LAKES FL 33174

10. Name and Address of New Registered Agent

81 Name ISIS N. MASESKA
82 Street Address (P.O. Box Number is Not Acceptable)
38 MOTINY PLACE
83
84 City Key Largo FL 85 Zip Code 33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ISIS N. MASESKA (Address Change) 4/21/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DPV
NAME MAJESKA, ROBERT
STREET ADDRESS 7243 LOCH NESS DR.
CITY-ST-ZIP MIAMI LAKES FL

TITLE DST
NAME MAJESKA, ISIS
STREET ADDRESS 7243 LOCH NESS DR.
CITY-ST-ZIP MIAMI LAKES FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE same
1.2 NAME same
1.3 STREET ADDRESS 38 MOTINY PLACE
1.4 CITY-ST-ZIP Key Largo FL 33037

2.1 TITLE same
2.2 NAME same
2.3 STREET ADDRESS 38 MOTINY PLACE
2.4 CITY-ST-ZIP Key Largo FL 33037

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISIS N. MASESKA 4/21/99 305 261-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)