## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # V14996** 1. Entity Name BAD PUPPY INC. 04-25-2000 90017 001 \*\*\*150.00 Mailing Address Principal Place of Business 1582 MADRUGA AVE 1582 MADRUGA AVE CORAL GABLES FL 33146 CORAL GABLES FL 33146-3020 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0316036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Name MURDOCK, PATRICK E. 1582 MADRUGA AVE CORAL GABLES FL 33146 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity (NOTE: Registered Agent signature required when reinstating) Signature, typed or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition CPD ☐ Delete TITLE TITLE MURDOCK, PATRICK E. NAME NAME STREET ADDRESS STREET ADDRESS 1582 MADRUGA AVE CITY-ST-ZIP CITY-ST-7IP **CORAL GABLES FL** Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition \_ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

CR2E034 (9/99)

305-660-8284