

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V45164**

1. Entity Name

**PET PARADE ANIMAL CLINIC, INC.**

Principal Place of Business

Mailing Address

**19956 N.W. 2ND AVE  
MIAMI, FLA. 33169**

2. Principal Place of Business

3. Mailing Address

**ABOVE**

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**CLIFFORD SENS  
19956 N.W. 2ND AVE  
MIAMI, FLA. 33169**

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

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  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CLIFFORD SENS** ☐ Delete  
NAME  
STREET ADDRESS **19956 NW 2ND AVE**  
CITY-ST-ZIP **MIAMI, FL 33169** **D/PRES.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **RICHARD GALLIO** ☒ Delete  
NAME  
STREET ADDRESS **19956 NW 2ND AVE**  
CITY-ST-ZIP **MIAMI, FLA. 33169** **D/V.P.**

TITLE **BRIAN SENS** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **19956 N.W. 2ND AVE**  
CITY-ST-ZIP **MIAMI, FLA 33169** **D/V.P.**

TITLE **GILBERT SENS** ☐ Delete  
NAME  
STREET ADDRESS **19956 N.W. 2ND AVE**  
CITY-ST-ZIP **MIAMI, FL. 33169** **D/SecTY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(GILBERT SENS)**

**4/10/01 (607)652-2226**

Date

Daytime Phone #

CR2E034 (11/00)