

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 037 ***150.00

DOCUMENT # *V45164*

1. Entity Name

Pet Parade Animal Clinic Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Pet Parade
19956 N. W. 2nd Ave.
Miami, FL 33169
(305) 652-2226*

Suite, Apt. #, etc.

*Pet Parade
19956 N. W. 2nd Ave.*

Suite, Apt. #, etc.

City & State

*Miami, FL 33169
(305) 652-2226*

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLIFFORD SENS

Street Address (P.O. Box Number is Not Acceptable)

19956 N.W. 2nd Ave

City

MIAMI

FL

Zip Code

33169

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*CLIFFORD SENS
19956 N.W. 2nd Ave
MIAMI, FL 33169*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*BRIAN SENS
19956 N.W. 2nd Ave
MIAMI, FL 33169*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*GILBERT SENS
19956 N.W. 2nd Ave
MIAMI, FL 33169*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date

4/5/02

Daytime Phone #

Above

CR2E034B (12/01)

Attachment

830664

Please Note:

Re: U 45164

2ND Year in Row We Have Not Received
The Printed Renewal form?

Please correct your mailing list.

Thank You