

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90167 033 ***150.00

DOCUMENT # 683048

1. Entity Name

AIVPET INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

200 S. PINE ISLAND RD.
 SUITE 200
 PLANTATION FL 33324

200 S. PINE ISLAND RD.
 SUITE 200
 PLANTATION FL 33324-2618

00026448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7501 NW FOURTH ST

3. Mailing Address
 7501 NW FOURTH ST

Suite, Apt. #, etc.
 SUITE 106

Suite, Apt. #, etc.
 SUITE 106

City & State
 PLANTATION, FL

City & State
 PLANTATION, FL

4. FEI Number **59-2088003**

Applied For
 Not Applicable

Zip
 33317

Country
 USA

Zip
 33317

Country
 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, ALEJANDRINA G.
 701 S.W. 27TH AVENUE
 SUITE 655
 MIAMI FL 33135

Name **WINSTON VELAZCO**
 Street Address (P.O. Box Number is Not Acceptable)
2127 BRICKELL AV. APT. 904
 City **MIAMI** FL Zip Code **33129**

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

Winston Velazco

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VELAZCO, WINSTON	C O 200 SOUTH PINE ISLAND RD SUITE 200	PLANTATION FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	VELAZCO WINSTON	2127 BRICKELL AV. APT. 904	MIAMI, FL 33129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Winston Velazco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 2000

Date

954-7917656

Daytime Phone #

CR2E034 (9/99)