2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000106955

1. Entity Name

ALL PETS VETERINARY GROUP, INC.

FILED
01 MAR 20 PM 2:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2101 NW 25 TH AVE. MIAMI, FL. 33142	2101 NW 25 TH AVE MIAMI FL. 33142

2. Principal Place of Business	3. Mailing Address
1835 S.W 27 TH AVE.	1835 S.W 27 TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI , FL	City & State: MIAMI , FL
Zip: 33145 Country: MIAMI-DADE	Zip: 33145 Country: MIAMI -DADE

4. FEI Number: 65-0828286 ☐ Applied For ☐ Not Applicable

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
KNOWLES, MARC C. 2101 N.W 25 TH AVE. MIAMI, FL. 33142	Name: DIAZ,PEDRO M. Street Address (P.O. Box Number is Not Acceptable): 1835 S.W 27 TH AVE. City: MIAMI FL Zip Code: 33145

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: DIAZ,PEDRO M. SECRETARY 03-15-01
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 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	D STONE,RONALD W. 15126 N.W 78 TH CT. MIAMI FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V STONE,RONALD W. 15126 N.W 78 TH CT. MIAMI FL 33016 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOWLES,MARC C. 3074 MC DONALD ST. MIAMI FL. 33133 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400003912294--6 -03/27/01--01071--011 ****158.75 ****158.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P CANOURA,JESUS 3001 OCEAN DRIVE APT. 5 J HOLLYWOOD,FL. 33019 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S T DIAZ,PEDRO M. 7933 WEST DRIVE APT 921 NO.BAY VILLAGE,FL 33141 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V MARMOL,JOSE 2403 S.W 102 PLACE MIAMI, FL 33165 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: 03-15-01 (305) 633-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #