

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90462 044 ***150.00

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1. Entity Name
ALL PETS VETERINARY GROUP, INC.

Principal Place of Business
**1835 S.W. 27TH AVE.
MIAMI FL 33145**

Mailing Address
**1835 S.W. 27TH AVE.
MIAMI FL 33145**

J0031007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0828286**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, PEDRO M
1835 S.W. 27TH AVE.
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** Delete
NAME **HOLLWAY, CARMELA**
STREET ADDRESS **8635 NW 8 STREET #406**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** Delete
NAME **CANOURA, JESUS**
STREET ADDRESS **3001 OCEAN DRIVE, APT. 5J**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** Delete
NAME **DIAZ, PEDRO M**
STREET ADDRESS **7933 WEST DRIVE, APT. 921**
CITY-ST-ZIP **NO. BAY VILLAGE FL 33141**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** Delete
NAME **MARMOL, JOSE**
STREET ADDRESS **2403 S-W 102 PLACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** Delete
NAME **CHAVIANO, JOSE A**
STREET ADDRESS **1961 SW 36 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **DP** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **CEPEDA, RAFAEL A**
STREET ADDRESS **1835 S.W. 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 305-860-7726

Date Daytime Phone #

CR2E034 (10/02)