

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683048

1. Entity Name

AIVEPET INTERNATIONAL, INC.

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

02-29-2000 90167 033 ***150.00

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 P ☐ Delete
NAME VELAZCO, WINSTON
STREET ADDRESS C O 200 SOUTH PINE ISLAND RD SUITE 200
CITY-ST-ZIP PLANTATION FL

TITLE P ☒ Change ☐ Addition
NAME VELAZCO WINSTON
STREET ADDRESS 2127 BRICKELL AV APT 904
CITY-ST-ZIP MIAMI, FL 33129

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
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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 all other like empowered.

SIGNATURE: *Winston Velazco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 27, 2000 954-7917656

CR2E034 (9/99)