

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

FILED

03 OCT 16 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.O. 200110480

1. Entity Name



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
DVM SUPPLY, INC.

3. Mailing Address

Suite, Apt. #, etc.
14600 So Beckley Square,

Suite, Apt. #, etc.

City & State
Davie, Fla

City & State

Zip
33325

Country
USA

Zip

Country

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0757155**

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Martin E. Mendez**

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

14600 So. Beckley Square

City **Davie**

FL

Zip Code
33325

**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. 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 registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Martin E. Menez 14600 Beckley Square, Davie Fla 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300023864123 10/16/03--01087--023 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03

3055250073

CR2E034B (12/02)

gr 10/20

JUAN LUCIO & COMPANY

3940 Adra Avenue - Miami, FL 33178
(305) 593-9106 - FAX (786) 845 8399

**Accountants
Tax Consultants**

October 13, 2003

SECRETARY OF STATE
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

**RE: DVM SUPPLY, INC.
DOC NO. PO2000110480**

Gentlemen:

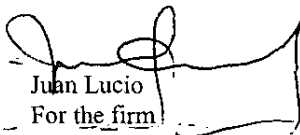
In doing some work for the above referenced corporation I found that it had been dissolved by statute for failing to file and pay the 2003 Annual Report.

Our client moved from the original filing address and they notified of the changed of address both in the Department of Revenue and your office. For what we have been told by our client is that they sent both notifications to the Dept of Revenue. It may be that inadvertently the Dept of Revenue failed to communicate your department or forward the notification to your office.

Under the circumstances we are respectfully requesting that the reinstatement fees are waived, as it was an honest error and our client as you see the record has faithfully complied with all its reporting duties. Therefore we are hereby enclosing the Annual Report for the above referenced corporation as well as the check for \$ 150.00, which is what it, should have been if nothing had happened and he had received the forms to file. Please note that we are not blaming your department for it, but rather admitting an honest error.

Your cooperation in honoring our request on behalf of our client, it will be greatly appreciated.

Sincerely yours,


Juan Lucio
For the firm

JL:ll

Enclosures

Cc: Mr. Martin E Mendez, DVM