

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H13668

1. Entity Name

FLORIDA VETERINARY SUPPLY, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90014 015 ***150.00

Principal Place of Business

Mailing Address

14096 S.W. 139TH COURT
MIAMI FL 33186

14096 S.W. 139TH COURT
MIAMI FL 33186-5521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2424931**

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

STEIN, LINDA

~~6330 SW 93RD COURT~~ 14096 S.W. 139 CT.
MIAMI FL ~~33186~~ 33186

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.

SIGNATURE

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	PTD STEIN, LYNDIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6330 SW 93RD CT MIAMI FL	
TITLE NAME	VD STEIN, HELENE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8000 SW 149TH AVE MIAMI FL	
TITLE NAME	SD STEIN, JAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6330 SW 93RD CT. MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	15751 SW 148 Court MIAMI, FL 33187	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	14532 SW 155 PLACE MIAMI FL 33196	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Linda Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000

305-253-8400

Daytime Phone #

CR2E034 (9/99)