

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91218 004 \*\*\*150.00

**DOCUMENT #** P00000112675

**1. Entity Name**

ANIMAL PET'S, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2545 N.W. 80th Street

Suite, Apt. #, etc.

Suite 7

City & State

Hialeah, Fl., 33016

Zip

Country

**3. Mailing Address**

9010 S.W. 137th Ave.

Suite, Apt. #, etc.

Suite 113

City & State

Miami, Fl., 33186

Zip

Country

**4. FEI Number**

65-1105468

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

JAIME R. VEGA

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

2545 NW 80 Street

No. 7

City

Hialeah

FL

Zip Code

33016

**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.**

SIGNATURE

JAIME R. VEGA

4/30/02

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)



**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VEGA JAIME R.  
2545 N.W. 80 St. # 7  
Hialeah, Fl., 33016

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

JAIME R. VEGA

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)