

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 193

01/01/71 0

DOCUMENT # P94000009654

1. Entity Name

PEVI, INC.

FILED

00 AUG -3 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~8623 NW 68TH ST
MIAMI FL 33166~~

~~8623 NW 68TH ST
MIAMI FL 33166-2667~~

2. Principal Place of Business

8132 NW 67 ST

Suite, Apt. #, etc.

3. Mailing Address

8132 NW 67 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0467934

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

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

VIDALES, JOHNNY

~~8134 NW 67 ST
MIAMI FL 33166~~

Name

VIDALES JOHNNY

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

8132 NW 67 ST

City

MIAMI

FL

Zip Code

33166

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]

JOHNNY VIDALES OWNER

07/27/00

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 | D | <input type="checkbox"/> Delete |
| NAME | VIDALES, JOHNNY | |
| STREET ADDRESS | 8134 NW 67 ST | |
| CITY-ST-ZIP | MIAMI FL 33166 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 700003361577 | |
| STREET ADDRESS | -08/18/00--01009--026 | |
| CITY-ST-ZIP | ****150.00 ****150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **JOHNNY VIDALES**

07/27/00

305-477-7970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 EC34/19/99

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Pevy, Inc.
8134 NW 67 St.
Miami, Fl 33166

July 24, 2000

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Fl 32302-1500

Dear Officer:

We moved our business from 8623 NW 68 St. Miami to 8132 NW 67 St. Miami, and as a result of this our 2000 Uniform Business Report did not reached our Accounting people until just recently.

We respectfully request you allow us to file the report with payment of \$150.00 at this time. We are ammending the report to reflect our actual mailing and business address.

Yours Truly



Johnny Vidales, President
Pevy Inc.

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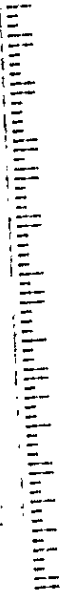
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



PEVI623 331660296 1299 27 01/09/00
NOTIFY SENDER OF NEW ADDRESS
: PEVI CORP
813 NW 67TH ST
MIAMI FL 33166-2738

01 33166-266723



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
M323