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DOCUMENT # P9400009654 1. Éntity Name								
PEVI, INC.					FILED			
					00 AUG -3			
Principal Place		Mailing Address			SECRETARY TALLAHASSI	OF STATE		
MIAMI FL 99180		MIAMI-FL-33166-2667			TALLAHASSI	:E, FLURIUA		
	·						a litik a lati 1 33 1	
2. Principal Place of Business 67 ST 8/32'NW 67 ST								
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE		
City & State	Ami FL	City & State	City & State MI Ami FL		65-0467934	├	Applied For Not Applicable	
Zip 33	Country	Zip 33/66	Country SA	5. Certifica	ate of Status Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Regi	stered Agent		
Name //1				DALES	PALES JOHNNY			
VIDALES, JOHNNY -8134 NW 67 ST Street Address				s (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
MIAMI FL 33166			0	, - , -		* I = 3 +	• • •	
	;		City MI	AMI		FL Zip C	9/66	
8. The above	named entity submits this statement fo	r the purpose of changing its re	gistered office or regist	tered agent, or b	ooth, in the State of Florid	a.		
_		1 Comment	Violes	Mr. n. w	7 O7	122/00		
SIGNATURE 3	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. Capture Tax filling requirement				D (.	Election Campaign Financ Trust Fund Contribution.	· _ +	.00 May Be ed to Fees	
11.	OFFICERS AND		12. 7		S/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE	D	☐ Delete	TITLE :		'000033!	Change		
NAME STREET ADDRESS	Vidales, Johnny 8134 NW 67 ST		NAME 1. STREET ADDRESS		-08/18/0	001009	026	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		****150	.00 ****1	50.00 cm	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address			NAME STREET ADDRESS				1	
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NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		
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NAME STREET ADDRESS			NAME STREET ADDRESS				SP	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

July 24, 2000

Division of Corporations Uniform Business Report Filings P.O.Box 1500 Tallahassee, FI 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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*LORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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

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