

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058031

1. Entity Name

ANIMEX, U.S.A., INC.

R

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90009 009 ***150.00

Principal Place of Business

1907 DREW ST. C.
CLEARWATER FL 33765
US

Mailing Address

1907 DREW STREET C
CLEARWATER FL 33765
US

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

59-3393622

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

WEIS, JOHN
1844 58TH STREET S
GULFPORT FL 33707

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP
PV
LEMPER, JANOS
1907 DREW ST. C
CLEARWATER FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WEIS, JOHN
1907 DREW ST. C.
CLEARWATER FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc#
P96 000058031
A0071420

ANIMEX, U.S.A., INC.
1907 Drew Street
Suite C
Clearwater, FL USA 33765

July 27, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

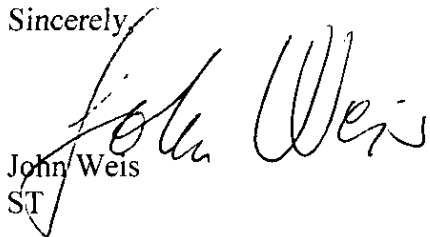
RE: 2000 Uniform Business Report
Doc # P96000058031

Gentlemen:

I am enclosing the 2000 Uniform Business Report Form. We did not receive the original copy of this report for filing in May. I called today and was told to mail the form with a check in the amount of \$150.00 and this will be sufficient for the year 2000.

The check and form is enclosed. Thank you for your help in this matter.

Sincerely,


John Weis
ST

Enclosure