

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000106955

1. Entity Name

ALL PETS VETERINARY GROUP, INC.

Principal Place of Business

Mailing Address

2101 NW 25 TH AVE.
MIAMI, FL. 33142

2101 NW 25 TH AVE
MIAMI FL. 33142

2. Principal Place of Business

1835 S.W 27 TH AVE.

3. Mailing Address

1835 S.W 27 TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0828286

Applied For

Not Applicable

Zip

33145

Country

MIAMI-DADE

Zip

33145

Country

MIAMI-DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DIAZ, PEDRO M.

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

1835 S.W 27 TH AVE.

City

MIAMI

FL

Zip Code

33145

~~KNOWLES, MARC C.~~

2101 N.W 25 TH AVE.
MIAMI, FL. 33142

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

DIAZ, PEDRO M.

SECRETARY

03-15-01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS STONE, RONALD W.
CITY-ST-ZIP 1526 N.W 78 TH CT.
MIAMI FL 33016

TITLE ☐ Change ☐ Addition
NAME D V
STREET ADDRESS STONE, RONALD W.
CITY-ST-ZIP 15126 N.W 78 TH CT.
MIAMI FL 33016

TITLE ☒ Delete
NAME D KNOWLES, MARC C.
STREET ADDRESS 3074 MC DONALD ST.
CITY-ST-ZIP MIAMI FL. 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003912294-6
-03/27/01-01071-011
****158.75 ****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D P
STREET ADDRESS CANOURA, JESUS
CITY-ST-ZIP 3001 OCEAN DRIVE APT. 5 J
HOLLYWOOD, FL. 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D S T
STREET ADDRESS DIAZ, PEDRO M.
CITY-ST-ZIP 7933 WEST DRIVE APT 921
NO. BAY VILLAGE, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D V
STREET ADDRESS MARMOL, JOSE
CITY-ST-ZIP 2403 S.W 102 PLACE
MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-01

Date

(305) 633-2400

Daytime Phone #

CR2E034 (1/100)