

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000059393****1. Entity Name**
PET'INVEST INC.**Principal Place of Business**

7 RUE FEUTRIER

PARIS, FRANCE

75018

OC

Mailing Address

7 RUE FEUTRIER

PARIS, FRANCE

75018

OC

2. Principal Place of Business

801 BRICKELL AVENUE

3. Mailing Address

801 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33131

Country

US

Zip

33131

Country

US

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE SUITE 900

MIAMI

33131

US

FL

7. Name and Address of New Registered Agent

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)

09/12/2000

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**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D BELKHERASSANE SAID**
STREET ADDRESS **7 RUE FEUTRIER**
CITY-ST-ZIP **PARIS, FRANCE 75018**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME **MR VUILLARD PATRICE M**
STREET ADDRESS **7 RUE FEUTRIER**
CITY-ST-ZIP **PARIS, FRANCE FR 75018**TITLE ☒ Change ☐ Addition
NAME **MR BELKHERASSANE SAID A**
STREET ADDRESS **7 RUE FEUTRIER**
CITY-ST-ZIP **PARIS, FRANCE FR 75018**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: BELKHERASSANE

Mr. 09/12/2000