

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90281 029 \*\*\*185.00

0360322 AV

DOCUMENT # J09734

1. Entity Name

PET SUPERMARKET, INC.



Principal Place of Business

13700 NW 2ND ST

SUNRISE FL 33325

US

Mailing Address

13700 NW 2ND ST

SUNRISE FL 33325

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

59-2664699

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, CHARLES E SR.

PET SUPERMARKET

13700 NW 2ND ST

SUNRISE FL 33325

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete  
NAME WEST, CHARLES E., JR.  
STREET ADDRESS 800 NW 65TH ST  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE V ☐ Delete  
NAME WEST, CHARLES E., SR.  
STREET ADDRESS 800 NW 65TH ST  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE CFOV ☐ Delete  
NAME HOLTZ, DIANE E  
STREET ADDRESS 800 NW 65TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VP ☐ Delete  
NAME FEINBERG, STEVE  
STREET ADDRESS 800 NW 65TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☒ Change ☐ Addition  
NAME WEST, CHARLES E., JR.  
STREET ADDRESS 13700 N.W. 2ND ST.  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE V ☒ Change ☐ Addition  
NAME WEST, CHARLES E., SR.  
STREET ADDRESS 13700 N.W. 2ND STREET  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE PCEO ☒ Change ☐ Addition  
NAME HOLTZ, DIANE E.  
STREET ADDRESS 13700 N.W. 2ND ST.  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE VP ☒ Change ☐ Addition  
NAME FEINBERG, STEVE  
STREET ADDRESS 13700 N.W. 2ND ST.  
CITY-ST-ZIP SUNRISE FL 33325

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

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

12. 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 has 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 Section 119.07, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Chief Operating Officer**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)