

2001 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90170 045 ***150.00

DOCUMENT # P00000022194

1. Entity Name

ANIMAL WRAPPERS AND DOGGIE WRAPPERS, INC.

Principal Place of Business
 7397 DAVIE ROAD EXTENSION
 HOLLYWOOD FL 33025

Mailing Address
 7397 DAVIE ROAD EXTENSION
 HOLLYWOOD FL 33025

2. Principal Place of Business

3. Mailing Address
ANIMAL WRAPPERS
7397 DAVIE ROAD EXTENSION
HOLLYWOOD, FLORIDA 33024

Suite, Apt. #, etc.

PHONE: (954) 443-0208
FAX: (954) 443-1850

City & State

TOLL FREE: 1-888-327-7890

4. FEI Number

65-0998917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Country

6. Name and Address of Current Registered Agent

SILBERBERG, GAIL
7397 7397 DAVIE ROAD EXTENSION
HOLLYWOOD FL 33025

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILBERBERG, GAIL 537 SPINNAKER WESTON FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SILBERBERG, ANDREW 537 SPINNAKER WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Silberberg
 Gail Silberberg

Gail Silberberg
 Gail Silberberg

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)