

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 554647

1. Entity Name

NATRA PET INCORPORATED

Principal Place of Business

Mailing Address

2045 N.W. 24th Avenue
Miami, Fl. 33142
U.S.

P.O.Box 440194
Miami, Fl. 33144-0194
U.S.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Carranza, Robert
2926 S.W. 1st Street
Miami, Fl. 33135

7. Name and Address of New Registered Agent

Name CARRANZA, RAQUEL
Street Address (P.O. Box Number is Not Acceptable)
2926 S.W. 1st Street
City Miami, FL Zip Code 33135

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 Raquel Carranza

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

Raquel Carranza

(NOTE: Registered Agent signature required when reinstating)

10/25/2000

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	VD	<input type="checkbox"/> Delete
NAME	Carranza, Raquel	
STREET ADDRESS	2926 S.W. 1st St.	
CITY-ST-ZIP	Miami, Fl.	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Carranza, Robert	
STREET ADDRESS	2926 S.W. 1st St.	
CITY-ST-ZIP	Miami, Fl.	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Long, Esther	
STREET ADDRESS	7635 S. W. 19th St.	
CITY-ST-ZIP	Miami, Fl.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carranza, Raquel	
STREET ADDRESS	2926 S.W. 1st St.	
CITY-ST-ZIP	Miami, Fl. 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003468970--3	
STREET ADDRESS	-11/17/00--01076--006	
CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Esther Long

Esther Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2000

Date

305 633 1833

Daytime Phone #

FILED

00 OCT 30 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1785657

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR2E034 (9/99)