

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605680

1. Entity Name

ELITE PET PRODUCTS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90036 005 ***150.00

Principal Place of Business

1994 NW 55TH AVE
MARGATE FL 33063

Mailing Address

1994 NW 55TH AVE
MARGATE FL 33063-3701

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1923391

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMMAIRONE, JOSEPH
6887 N.W. 27TH CT
MARGATE FL 33063

*Passed away 9/11/94
Thank you
JOSEPH JR.*

Name

JOSEPH C. RAMMAIRONE

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

1994 N.W. 55 AVE

City

MARGATE

FL

Zip Code

33063

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RAMMAIRONE, JOSEPHINE | |
| STREET ADDRESS | 6887 NW 27TH CT | |
| CITY-ST-ZIP | MARGATE FL | |
| TITLE | Joseph Rammairone | <input checked="" type="checkbox"/> Delete |
| NAME | 6887 N.W. 27 Ct. | |
| STREET ADDRESS | Margate, Fl. 33063 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | Pres. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joseph C. Rammairone | |
| STREET ADDRESS | 1994 N.W. 55th Ave. | |
| CITY-ST-ZIP | Margate Fl. 33063 | |
| 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 | | |
| 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: *Joseph C. Rammairone* JOSEPH C. RAMMAIRONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

Daytime Phone #

CR2E034 (9/99)