

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90110 033 ***158.75

DOCUMENT # H68225

1. Entity Name
PET SUPERMARKET ASSOCIATES, INC.

Principal Place of Business

800 N.W. 65TH STREET
FT. LAUDERDALE FL 33309
US

Mailing Address

800 N.W. 65TH STREET
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

13700 NW 2nd Street

Suite, Apt. #, etc.

3. Mailing Address

13700 NW 2nd Street

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33325

Country

USA

Zip

33325

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2563476

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST CHARLES E SR
800 NW 65TH STREET
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Charles E. West, Jr.

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

Pet Supermarket

13700 NW 2nd Street

City

Sunrise

FL

Zip Code

33325

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, 2002 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	VPD	<input type="checkbox"/> Delete
NAME	WEST, CHARLES E., SR.	
STREET ADDRESS	800 NW 65TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEST, CHARLES E., JR.	
STREET ADDRESS	800 NW 65TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VCEO	<input type="checkbox"/> Delete
NAME	HOLTZ, DIANE E	
STREET ADDRESS	800 NW 65TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FEINBERG, STEVE	
STREET ADDRESS	800 NW 65TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

(Not a change Entered wrong)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President and CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President and CFO	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)