

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90287 040 ***158.75

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DOCUMENT # H68225

1. Entity Name
PET SUPERMARKET ASSOCIATES, INC.



Principal Place of Business
13700 NW 2ND STREET
SUNRISE FL 33325
US

Mailing Address
13700 NW 2ND STREET
SUNRISE FL 33325
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2563476**

Applied For
Not Applicable

Zip Country

Zip Country

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 JR, CHARLES E
PET SUPERMARKET
13700 NW 2ND STREET
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 **VPD** ☐ Delete
NAME **WEST, CHARLES E., SR.**
STREET ADDRESS **800 NW 65TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane E. Holtz
President
Chief Operating Officer

Date

Daytime Phone #

CR2E034 (10/02)