

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90110 035 \*\*\*158.75

**DOCUMENT # J09734**

1. Entity Name

**PET SUPERMARKET, INC.**

Principal Place of Business

**800 N.W. 65TH STREET 13700 NW 2nd St.  
 FT. LAUDERDALE FL 33309 Sunrise, FL  
 US 33325**

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, FL**

Zip

**33325**

Country

**USA**

Zip

**33325**

Country

**USA**

4. FEI Number

**59-2664699**

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 SR.**

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

*Charles E. West SR.*

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

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**

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	PCEO	<input type="checkbox"/> Delete
NAME	WEST, CHARLES E., JR.	
STREET ADDRESS	800 NW 65TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST, CHARLES E., SR.	
STREET ADDRESS	800 NW 65TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	HOLTE, 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		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Holtz, Diane E.	<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:

*Charles E. West SR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MAR 25 2002**

CR2E034 (9/01)