

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-17-2002 90128 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L96141
 NOVAPET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3665 SW 30 AVE

Suite, Apt. #, etc.

3. Mailing Address

3665 SW 30 AVE

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-0245962

Applied For

Not Applicable

Zip

33312

Country

Zip

Country

33312

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eduardo Klinger

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

3665 SW 30 AVE

City

FT. Lauderdale

FL

Zip Code

33312

DO NOT WRITE
IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 COO
 Klinger, Eduardo
 3665 SW. 30 AVE
 FT. Lauderdale, FL 33312

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P.
 Horowitz, Syncha
 3665 SW. 30 AVE
 FT. Lauderdale, FL 33312

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like employment.

7/15/02

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment
L96141
novapet

40847

July 15, 2002

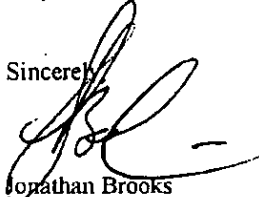
Florida Department of State
Division of Corporation
Box 1500
Tallahassee, FL 32302-1500

**Subject: Uniform Business Report
65-0245962**

Dear Sir or Madam:

As per our conversation, we did not receive the form on time, I called your office for the form.

Sincerely,



Jonathan Brooks
Comptroller

attachment
L96141

40847

Johnathn Brooks
3665 sw 30th ave
Ft Lauderdale fl 33312

Request taken by: tjsmith
07-09-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314