

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-06-2002 90175 042 ***158.75

DOCUMENT # *P 00020025077*

1. Entity Name

Kosher Pets, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6278 N. Federal / ~~Appt. #~~

3. Mailing Address

6278 N. Federal / ~~Appt. #~~

Suite, Apt. #, etc.

Suite 567

Suite, Apt. #, etc.

Suite 567

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0991053

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33308

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Marc Michels

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

2011 NE 59th CT

City

Fort Lauderdale

FL

Zip Code

33308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/16/2002

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

*P S
Marc Michels
2011 NE 59th CT
Fort Lauderdale, FL 33308*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*V T
Martina Lacombe
2011 NE 59th CT
Fort Lauderdale, FL 33308*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Michels
MARC MICHELS

Date

04/16/2002

Daytime Phone #

954-938-6270

CR2E034B (12/01)