

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90137 014 \*\*\*150.00

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

DOCUMENT # *999000048933* (2)

1. Entity Name

Nutra Pet, Inc.



**DO NOT WRITE IN THIS SPACE**

**90139737**

2. Principal Place of Business  
423 NE 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Address  
423 NE 2nd Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hallandale, FL

City & State  
Hallandale, FL

4. FEI Number 59-3584789

Applied For  
Not Applicable

Zip  
33009

Country  
US

Zip  
33009

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name Howard A. Steinberg

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

1720 Harrison Street, Suite 7B

City Hollywood

**FL**

Zip Code  
33020

**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. 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 resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Silverman, James - Director  
423 NE 2nd Avenue  
Hallandale, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Silverman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/11/03 (954) 455-1910*  
Date Daytime Phone #

CR2E034B (12/02)

*Attachment*  
**Nutra Pet**  
423 NE 2<sup>nd</sup> Ave  
Hallandale, FL 33009

90139737  
#P99000048933

June 11, 2003

~~Division of Corporations~~  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Nutra Pet, Inc.  
FEI # 59-3584789

Gentlemen:

Enclosed please find a check for the amount of \$150 along with my 2003 Uniform Business Report. I never received the original in the mail.

Please accept my payment and waive all penalties and interest and kindly show my corporation Nutra Pet, Inc. as being active.

Please update your records to reflect our change of address and new director.

~~Thanking you in advance for your prompt attention to this matter.~~

Sincerely,

James Silverman  
Director