(Requestor's Name) (Address) 600021031376 (Address) (City/State/Zip/Phone #) 06/30/03--01059--008 **35.00 PICK-UP MAIL WAIT (Business Entity Name) (Document Number) Certificates of Status Certified Copies _ Special Instructions to Filing Officer. 3 JUN 30 PH 2: 00 FILED Office Use Only

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TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Nutra Pet, Inc.	- السالة المعين.
SUBJECT: (Name of Corpora	ation)
DOCUMENT NUMBER: P99000048933	<u> </u>
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	le following:
James Silverman	مىلىنى بىلەر 1- مەربىيە - ئەربىيە
(Name of Person)	ALL J
Nutra Pet, Inc.	FILE TALLAHASS
(Name of Firm/Company)	SSE O P
423 N.E. 2nd Avenue	PH 2: 00
(Address)	ORICORIE
Hallandale, Florida 33009	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
James Silverman at (954)	455-1917 & Daytime Telephone Number)
(Name of Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida D	Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

...

I,Michael Jacobs	, hereby resign as <u>president/Secretary/Treasurer</u> & Director (Title)
ofNutra Pet, Inc(Name	of Corporation)
P99000048933 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	
	7

resigning officer/director)

FILING FEE IS \$35.00

JN 30 PM 2:00

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Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314