

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004341

1. Entity Name

NOVAPET HOLDING CORP.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90150 021 ***150.00

Principal Place of Business

3665 SW 30TH AVE
FT. LAUDERDALE FL 33312
US

Mailing Address

3665 SW 30TH AVE
FT. LAUDERDALE FL 33312-6710
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

87-0423130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINGER, EDUARDO
3665 SW 30TH AVE
FT LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COO	☐ Delete
NAME	KLINGER, EDUARDO	
STREET ADDRESS	3665 SW 30TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☐ Delete
NAME	GAYER, HENRY	
STREET ADDRESS	3665 SW 30TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☐ Delete
NAME	DWORKIN, SIDNEY	
STREET ADDRESS	3665 SW 30TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ Delete
NAME	DWORKIN, SIDNEY	
STREET ADDRESS	3300 CORPORATE AVENUE, SUITE 110	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE	P	☐ Delete
NAME	HOROWITZ, SYMCHA	
STREET ADDRESS	3665 SW 30TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

954-583-3338

Daytime Phone #

CR2E034 (9/99)