

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

0342933 AV

**DOCUMENT # F93000004341**

1. Entity Name  
**NOVAPET HOLDING CORP.**



04-24-2003 90223 025 \*\*\*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  
US**



2. Principal Place of Business

**264 BRYAN RD.**

Suite, Apt. #, etc.

3. Mailing Address

**264 BRYAN RD.**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**DANIA FLORIDA**

Zip

**33004**

Country

**USA**

City & State

**DANIA FLORIDA**

Zip

**33004**

Country

**USA**

4. FEI Number

**87-0423130**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KLINGER EDUARDO**

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

**264 BRYAN RD.**

City

**DANIA**

**FL**

Zip Code

**33004**

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 reinstating)

DATE

**EDUARDO KLINGER**

**04/15/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **COO** ☐ Delete  
NAME **KLINGER, EDUARDO**  
STREET ADDRESS **3665 SW 30TH AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **264 BRYAN RD.**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **264 BRYAN RD.**  
CITY-ST-ZIP **DANIA FL 33004**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**EDUARDO KLINGER - 04/15/03**

**954 925-7377**

Date

Daytime Phone #

CR2E034 (10/02)