

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413494

1. Entity Name

OCALA HORSE FARM, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90116 008 ***150.00

Principal Place of Business

Mailing Address

3901 NW 79TH AVE.
SUITE 119
MIAMI FL 33166

3901 NW 79TH AVE.
SUITE 119
MIAMI FL 33126-1928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7270 NW 12 STREET

Suite, Apt. #, etc.

7270 NW 12 STREET

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-1427497

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

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

GABOR, FRANK
3901 NW 79TH AVE.
SUITE 119
MIAMI FL 33166

Name

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

7270 NW 12 STREET, SUITE 130

City

MIAMI

FL

Zip Code

33126

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

4-24-2000

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 PTD ☐ Delete
NAME GABOR, FRANK
STREET ADDRESS 3901 NW 79TH AVE., STE. 119
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7270 NW 12 ST, SUITE 130
CITY-ST-ZIP MIAMI FL 33126

TITLE VPS ☐ Delete
NAME GABOR, SELMA
STREET ADDRESS 3901 N.W. 79TH AVENUE, SUITE 119
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7270 NW 12 ST., SUITE 130
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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

4-24-2000 (305)471-0028
Date Daytime Phone #

CR2E034 (9/99)