

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90116 008 \*\*\*150.00

**DOCUMENT # 413494**

1. Entity Name  
**OCALA HORSE FARM, INC.**

Principal Place of Business <b>3901 NW 79TH AVE.          SUITE 119          MIAMI FL 33166</b>	Mailing Address <b>3901 NW 79TH AVE.          SUITE 119          MIAMI FL 33126-1928</b>
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**950476**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>7270 NW 12 STREET</b>	3. Mailing Address Suite, Apt. #, etc. <b>7270 NW 12 STREET</b>
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>59-1427497</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>

4. FEI Number **59-1427497**

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

6. Name and Address of Current Registered Agent  
**GABOR, FRANK  
 3901 NW 79TH AVE.  
 SUITE 119  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent  
 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 DATE **4-24-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete
NAME <b>GABOR, FRANK</b>	
STREET ADDRESS <b>3901 NW 79TH AVE., STE. 119</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete
NAME <b>GABOR, SELMA</b>	
STREET ADDRESS <b>3901 N.W. 79TH AVENUE, SUITE 119</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>7270 NW 12 ST, SUITE 130</b>	
CITY-ST-ZIP <b>MIAMI FL 33126</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>7270 NW 12 ST., SUITE 130</b>	
CITY-ST-ZIP <b>MIAMI FL 33126</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **4-24-2000 (305)471-0028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)