2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 716444



FILED May 01, 2003 8:00 am Secretary of State

HORSESH		DOMINIUM, INC. A	CONDOMINIUN	05-01-2003 90768 012 ****61.25						
Principal Place of Business 500 - 77 STREET MIAMI BEACH FL 33141 US			Mailing Address 500 - 77 STREET MIAMI BEACH FL 33141 US			110000000000000000000000000000000000000				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u> </u>	☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 5	4. FEI Number 59-1286619		Applied For Not Applicable	
Zip Country		Zip	Co	untry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Name and Add	Iress of New Register	ed Agent		
				1	Name Z	ECHA 20	PEZ			
LOPEZ, Z							(P.O. Box Number is Not Acceptable)			
7921 BYRON AVE #401				r L	715	S.W 10	oth Stre	et		
MIAMI BE	EACH FL 33	3141			City Ha	Hallandalt FL		FL Zip So	Zip Code 33009	
the obligated signature.	tions of regist	ered agent.				quired when reinstating)	DA1	ego de est		
(FILE NOW	7: FEE IS \$61.25		ction Campaign st Fund Contribu		\$5.00 May Be Added to Fees		eck Payable partment of		
10.	<u>مَّة</u> ــــــــــــــــــــــــــــــــــــ	OFFICERS AND DI	IRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADRON, 2541 S.W MIAMI FL	. 25 ST	□ D€	NAI Str				☐ Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIOVANN 500-77 S1	, guaragna	Z D€	NAI Str	ME H	Dermine K, 100-77 St. 11941 Beac	ATZ # 4 h d. 33.	Z₹ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT LOPEZ, Z 7921 BRY		□ De	NAP STR	LE			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM Str				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM STR				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			□ De	NAM				☐ Change	☐ Addition	

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 617, 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: