

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 022 ***150.00

DOCUMENT # 125933

1. Entity Name

M+M HORSE BREEDERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3035 SW 98 CT

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

65-0158964

Applied For

Not Applicable

Zip

33165

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MANUEL E. CASANAS

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

3035 SW 98 CT

City

MIAMI

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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

Manuel E. Casanas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>PD</u>	TITLE	<u>SAME</u>
NAME	<u>MANUEL E. CASANAS</u>	NAME	
STREET ADDRESS	<u>3035 SW 98th CT</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33165</u>	CITY-ST-ZIP	
TITLE	<u>VSD</u>	TITLE	<u>SAME</u>
NAME	<u>MANUEL CASANAS</u>	NAME	
STREET ADDRESS	<u>7417 NW 17 AVENUE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI, FL 33165</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel E. Casanas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

Daytime Phone #

President

CR2E034B (12/01)