

01-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -7 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059895	
1. Entity Name LA ISLA STABLE, INC.	

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2. Principal Place of Business P.O. Box 197		3. Mailing Address 40 VEALE 19495 BISC BVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 805	
City & State LOWELL, FL 38663		City & State AVENTURA FL	
Zip	Country	Zip	Country
		33180	USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0520061		Applied For Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name SALOMON WAINBERG		
Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BVD			
SUITE 1100			
City CORAL GABLES		FL	Zip Code 33134

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 date if applicable.) (NOTE: Registered Agent signature required when registering.) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director WILLIAM J VEALE 40 TRANSOCEANIC CORP 19495 BISC BVD ST 805 AVENTURA, FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021338946 07/07/03--01029--011 **450.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William J Veale** **WILLIAM J VEALE** **Director** **6-30-03** **305-935-2100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

7/7/03

June 27, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: La Isla Stable, Inc.
#65-0520061

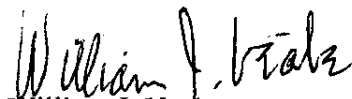
Dear Sir or Madam:

Enclosed you will find the UBR for the above-mentioned corporation. Please note on the form the mailing address. This has been the address for the above corporation since December 2000. The address as shown on record is a New York address, which has been non-existing since December 2000. Therefore, we never received the UBR reports.

I am enclosing our check in the amount of \$450.00 and ask that this corporation be reinstated.

Please do not hesitate to contact me should you have any questions or need any additional information.

Sincerely,


William J. Veale