01-07

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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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
LOWELL, FL 32663

3. Mailing Address c/o VEALE
19495 BISC BLVD
SUITE 805
AVENTURA FL 33180

Country: USA

4. FEI Number
65-0520061
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SALOMON WAINBERG
Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	WILLIAM J VEALE
STREET ADDRESS	C/O TRANSOCEANIC CORP
CITY-ST-ZIP	19495 BISC BLVD STE 805 AVENTURA, FL 33020

600021338946
07/07/03--01029--011 **450.00

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CR2E034B (12/02)

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 #

gp 7/8

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