Apr 03, 2001 8:00 am Secretary of State

04-03-2001 90016 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036825

1. Entity Name

HORSE N' THINGS, INC.

Principal Place of Business

Mailing Address

740 W 49TH ST

740 W 49TH ST

HIALEAH FL 33012-3609

HIALEAH FL 33012-3609

						İ						
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	FEI Number 65-0845959			applied For lot Applicable	7	
Zip Country			Zip	Zip Country		5. (Certificate of Status Desired		8.75 Ade	Iditional	1	
	6. Name	and Address of Current F	Registered Agent	sistered Agent			7. Name and Address of New Registered Agent					
سارد خليشكترمنة ڪ					Name			<u> </u>			1	
CHII	JANTI, STA	PEV A EQN									İ	
	I W BROWA			Street Address (F			P.O. Box Number is Not Acceptable)					
STE	408 NTATION FL	22224									1	
FLAI	NIAHON 1	33324			City			FL Zip Code		e	1	
9 The above	named entity	cubmits this statement for	the evenes of chancing its	ista-	l ad affina as sania		and as both in the State of Flori	ا المال			1	
o. The above	riameu enuty	submits this statement for	the purpose of changing its	registen	ea office or regis	itered ag	ent, or both, in the State of Flor	ida.				
											ł	
SIGNATURE.											ł	
	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE	: Registere	d Agent signature requi	ired when re	einstating)	DATE				
O This area is all all a second to the secon					IC \$150.00						1	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00				10. Election Campaign Fina	ncing	\$5.0	00 May Be		
(See criteria on back)			Make Check Payab			Trust Fund Contribution	. 🗆	Adder	d to Fees			
	na on backy				eparunent of 5							
11. OFFICERS AND DIRECTORS			DIRECTORS	12.		ΑĐ	DITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	S IN 11	_ ا	
TITLE	PSD		□ Delete	TITLE					Change	Addition	Ş	
NAME	NUNEZ, M	iauricio a		NAM	E						5	
STREET ADDRESS	3811 SW	32ND AVE		STRE	ET ADDRESS						3	
CITY-ST-ZIP		OD FL 33023		CITY	-ST-ZIP						1 6	
TITLE	TD		☐ Delete	TITLE				Г	Change	☐ Addition	15	
NAME		VICS, NIKOLAUS S	L Delete	NAM	1			L	_ Change	Addition	2	
STREET ADDRESS					ET ADDRESS						}	
	1041 N 70											
CITY-ST-ZIP	HOLLYWO	OD FL 33024		CITY	-ST-ZIP						1	
TITLE			☐ Delete	TITLE	: 1] Change	Addition	ł	
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STREET ADDRESS	,			STRE	ET ADDRESS		- •				-	
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NAME				NAMI	į.			_				
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NAME				NAME								
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CITY-ST-ZIP				CITY-	ST-ZiP						1	

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CJTY-ST-ZIP

NIKOLAUS S DOMINKOVICS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition