

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90212 050 ***150.00

0202366

DOCUMENT # S06251

1. Entity Name
DAVIE BAR RANCH, INC.

Principal Place of Business 2083 NE 160TH STREET NORTH MIAMI BEACH FL 33162	Mailing Address 2083 NE 160TH STREET NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business 1601 N. PALM AVENUE	3. Mailing Address 1601 N. PALM AVENUE
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Suite, Apt. #, etc. # 308	Suite, Apt. #, etc. # 308
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City & State PEMBROKE PINES, FLORIDA	City & State PEMBROKE PINES, FLORIDA
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Zip 33026	Country USA	Zip 33026	Country USA
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4. FEI Number 65-0228377	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANTI, PETE JR
 2083 NE 160TH STREET
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name SANTI, PETE JR
Street Address (P.O. Box Number is Not Acceptable) 1601 N. PALM AVENUE, SUITE # 308
PEMBROKE PINES
City PEMBROKE PINES
State FL
Zip Code 33026

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 **PETE SANTI, JR** **4/16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SANTI, PETE JR 2083 NE 160TH STREET NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTI, PETE JR 1601 N. PALM AVE, SUITE 308 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: **PETE SANTI, JR** **4/16/01** **305-949-7315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)