

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H65828**
 Name **HORSE TRAVEL INC** ✓
8341 NW 66 ST
MIAMI FL 33166

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90180 021 ***150.00

Principal Place of Business Mailing Address
HORSE TRAVEL INC
8341 NW 66 ST
MIAMI FL 33166

851780

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

7-8-1985

DO NOT WRITE IN THIS SPACE

City & State City & State
 Country Zip Country

4. FFL Number **5922550816**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LUIS A. NAVAS
8341 NW 66 ST
MIAMI FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

This statement is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW WITH FEE \$150.00
AT MAY 1, 2001 FEE WILL BE \$50.00
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

ST ZIP	LUIS A. NAVAS <input type="checkbox"/> Delete 8341 NW 66 ST MIAMI FL 33166
ST ZIP	<input type="checkbox"/> Delete
ST ZIP	<input type="checkbox"/> Delete
ST ZIP	<input type="checkbox"/> Delete
ST ZIP	<input type="checkbox"/> Delete
ST ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: **LUIS A. NAVAS** **4-29-2000** **594-5965**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #