FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

F 09-03-2002 90167 036 ****61.25
K69788

02 SEP -9 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 69788

1. Entity Name
PECORARO RACING STABLES, INC

DO NOT WRITE IN THIS SPACE

B0135465

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19101 SW 57 CT	19101 SW 57 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE	City & State: FORT LAUDERDALE
Zip: 33332 Country: U.S.A.	Zip: 33332 Country: USA

4. FEI Number: 65-0094851 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MATTEO PECORARO

Street Address (P.O. Box Number is Not Acceptable): 19101 SW 57 CT

City: FORT LAUDERDALE FL Zip Code: 33332

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 _____
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) ☐

~~January 1 - May 1 Fee is $150.00~~
~~After May 1, Fee is $550.00~~
Amended UBR is $61.25
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.D. PECORARO, MATTEO 19101 SW 57 CT FT. LAUD. FL. 33332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. JOSEPHINE PECORARO 19101 SW 57 CT FORT LAUD. FL. 33332
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Matteo Pecoraro 8/15/02 954-680-8879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #