2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69788

1. Entity Name

PECORARO RACING STABLES, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90169 032 ***150.00

Principal Place of Business 19101 SW 57TH CT. FORT LAUDERDALE FL 33332			Mailing Address 19101 SW 57TH CT. FORT LAUDERDALE FL 33332										<u>.</u>
	•	Andread Control Control	-										
2. Principal Place of Business			3. Maili	3. Mailing Address								 	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City 8	City & State			4.	FEI Number 65-009	94851		<u> </u>	pplied For ot Applicable	
Zip Country			Zip				5.	Certificate of Status De	esired		8.75 Ad ee Require		
	6. Name	and Address of Curre	ent Registered				7. Name and Address of New Registered Agent]
DECORADO MATTEO			:	. Name			popular a						
PECORARO, MATTEO				Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)					
19101 SW 57TH CT. FORT LAUDERDALE FL 33332			*;										\dashv
				•			City FL				Zip Code		
	named entity ions of regist	y submits this statemen ered agent.	nt for the purpo	se of changing its	registere	ed office or registe	ered ag	ent, or both, in the Sta	ate of Flori	da. Fam fa	miliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered ag	gent and title if appli	cable. (NOTE	: Registered	d Agent signature require	red when r	einstating) +		DATE			
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		3 Fee will be \$550.0						9. Election Camp		ncing -		00 May Be	
Make Check	Payable to	Florida Departmen	t of State					Trust Fund Cor	ntinbution.	, — m	Adde	I IO Fees	
10.		OFFICERS AI	ND DIRECTOR	is .	11.		ΑC	DITIONS/CHANGES	TO OFFIC	ERS AND I	DIRECTOR	S IN 11	1,
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12. Thereby o	ertify that the	information supplied v	with this filing o	foes not qualify for	the exer	mption stated in S	Section	119.07(3)(i), Florida St	tatutes. I fi	urther certif	y that the i	nformation	1

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED INTO THE REQUIRED DIRECTOR OFFICER OF DIRECTOR OFFICER OF THE PROPERTY OF T

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