

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90154 013 \*\*\*\*50.00

DOCUMENT # L02000000020

1. Entity Name

DREAM BELIEVER STABLES, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1313 Palermo Way

Suite, Apt. #, etc.

Lantana, FL

City & State

3. Mailing Address

1313 Palermo Way

Suite, Apt. #, etc.

Lantana, FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number



Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Zip 33462

Country USA

Zip 33462

Country USA

7. Name and Address of Current Registered Agent

Name

Andrea Colombino

Street Address (P.O. Box Number is Not Acceptable)

1313 Palermo Way

City

Lantana

FL

Zip Code

33462

**DO NOT WRITE  
IN THIS SPACE**

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

*Andrea Colombino*

Signature, typed or printed name of registered agent and title if applicable.

4/10/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
COLOMBINO, Andrea K.  
1313 Palermo Way  
Lantana, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
COLOMBINO, LUCIANO F.  
1313 Palermo Way  
Lantana, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
COLOMBINO, Kathleen M.  
1313 Palermo Way  
Lantana, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Andrea Colombino*

4/10/02

561-642-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)