

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

0012884

DOCUMENT # M00000001050

1. Entity Name

SPORT HORSE INTERNATIONAL LLC

04-30-2002 90004 014 ****55.00

Principal Place of Business

**2600 E. COMMERCIAL BLVD., #200
 FT. LAUDERDALE FL 33308**

Mailing Address

**2600 E. COMMERCIAL BLVD., #200
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1128299

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHELDON LIEBOWITZ
 2600 E. COMMERCIAL BLVD., #200
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
 NAME **LIEBOWITZ, SHELDON**
 STREET ADDRESS **2600 E. COMMERCIAL BLVD., #200**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE Delete
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10. ADDITIONS/CHANGES

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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:

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

Date

Daytime Phone #

Sheldon Liebowitz 4/10/02 (954) 4914511

CR2E083 (9/01)