

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0044135

DOCUMENT # N97000002284

1. Entity Name

SOUTH FLORIDA THOROUGHBRED MARKETING CORP.

04-10-2001 90138 037 ****61.25

Principal Place of Business

Mailing Address

2875 NE 191ST STREET
 SUITE 506
 MIAMI FL 33180

2875 NE 191ST STREET
 SUITE 506
 MIAMI FL 33180

UUUJJJbb5

2. Principal Place of Business

3. Mailing Address

901 S. Federal Highway

901 S. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Executive Offices

Executive Offices - Scott Savin

City & State

City & State

Hallandale FL

Hallandale FL

Zip

Country

Zip

Country

33009

33009

4. FEI Number

65-0755436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANIK, DAVID S
 1901 HARRISON STREET
 HOLLYWOOD FL 33020

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SCOTT SAVIN
 CITY-ST-ZIP 3757 NE 208TH TERR
 AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DAVID ROVINE
 CITY-ST-ZIP 301 S FEDERAL HWY
 MELBOURNE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MIKE CRONIN
 CITY-ST-ZIP 1119 S BRAM WAY
 COOPER CITY FL 33026

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01

(954) 457-6204

Date

Daytime Phone #

CR2E037 (10/00)