

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 020 ***150.00

DOCUMENT # **P000000343802**
1. Entity Name
STALLIONS WORLD. FLORIDA USA. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18151 N.E. 31st APT 1612.

3. Mailing Address
P.O. BOX 802222.

Suite, Apt. #, etc.
1612.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VENTURA FL.

City & State
VENTURA FL.

4. FEI Number
651029508

Applied For
Not Applicable

Zip
33160

Country
U.S.A.

Zip
33160

Country
U.S.A.

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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

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
**PRESIDENT/DIRECTOR
SANTAGO TOBON
18151 N.E. 31st APT. 1612
VENTURA FL 33160**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SANTAGO TOBON APRIL 25/02 (305) 66-4141

CR2E034B (12/01)