

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90897 011 \*\*\*150.00

**DOCUMENT # P00000072227**

**1. Entity Name**  
**ALL-NATURAL EQUINE PRODUCTS, INC.**

**Principal Place of Business**  
 8671 NW 56 ST.  
 MIAMI FL 33166

**Mailing Address**  
 8671 NW 56 ST.  
 MIAMI FL 33166

**2. Principal Place of Business**

12265 SW 132 CT  
 Suite, Apt. #, etc.  
 UNIT II

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

**Zip**

33186

**Country**

USA

**Zip**

**Country**

**6. Name and Address of Current Registered Agent**

~~FERNANDEZ, RAMIRO R~~

8671 NW 56 ST.  
 MIAMI FL 33166

**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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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** D ☐ Delete  
**NAME** FERNANDEZ, RAMIRO R  
**STREET ADDRESS** 8671 NW 56 ST.  
**CITY-ST-ZIP** MIAMI FL 33166

**TITLE** D ☐ Delete  
**NAME** FERNANDEZ, REGINA  
**STREET ADDRESS** 8671 NW 56 ST.  
**CITY-ST-ZIP** MIAMI FL 33166

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**13. 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 11 or Block 12 if changed, 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 #

CR2E034 (9/01)