

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093577

1. Entity Name

HORSES FRIENDS VOLLEYBALL CLUB, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90060 029 \*\*\*150.00

Principal Place of Business

5550 SW 192ND WAY  
FT LAUDERDALE FL 33332

Mailing Address

5550 SW 192ND WAY  
FT LAUDERDALE FL 33332

2. Principal Place of Business

55 WESTON ROAD

3. Mailing Address

55 WESTON ROAD

Suite, Apt. #, etc.

312

Suite, Apt. #, etc.

312

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.

6. Name and Address of Current Registered Agent

AKBAS, SUZANNE J  
5550 SW 192ND WAY  
FT LAUDERDALE FL 33332

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 reinstalling)

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, 2001 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 PD ☐ Delete  
NAME VALERO, LUIS  
STREET ADDRESS 5550 SW 192ND WAY  
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE STD ☐ Delete  
NAME REBELO, CLAUDIO  
STREET ADDRESS 5550 SW 192ND WAY  
CITY-ST-ZIP FT LAUDERDALE FL 33332

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 PD ☒ Change ☐ Addition  
NAME VALERO, LUIS  
STREET ADDRESS 55 WESTON RD. SUITE 312  
CITY-ST-ZIP SUNRISE, FL 33326

TITLE STD ☒ Change ☐ Addition  
NAME REBELO, CLAUDIA  
STREET ADDRESS 55 WESTON RD. SUITE 312  
CITY-ST-ZIP SUNRISE, FL 33326

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

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

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

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:

*LOIS VALERO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-25-01  
Date

(954) 217-2624  
Daytime Phone #

CR2E034 (10/00)