

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

DOCUMENT # **701000019688**

1. Entity Name

Wild Horse Farm Inc.

FILED

02 DEC -4 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6980 Cr 78

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alma FL

City & State

Zip
33920

Country

Handy

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Cesare

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

6980 Cr 78

Alma

City

FL

Zip Code

33920

**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

William Cesare

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-2-02

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 | William Cesare | 6980 Cr 78 | ALMA FL 33920 |
| Vice President/Director | Lisa Becker Cesare | 7000 SW 130 Ave | FT LAUDERDALE FL 33330 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|---------------------------------------|-----------------|
| | | 600009352096 | |
| | | 12/04/02--01063--001 | **185.00 |
| | | DO NOT WRITE IN THIS SPACE | |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Cesare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-02

Date

954-445-3554

Daytime Phone #

T. Lewis 12/5/02

12-2-02

Thelma Lewis
Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporation am asking if you
can please waiver the penalty and
reinstatement Fees, because I never
received the Form. So that I could have
file the 2002 uniform business report
on time. Thank you.
Corporation name: Wild Horse Farm, Inc.

If you have any Questions concerning this matter
please call 954-445-3954.

P.O. Box 656
Hallandale FL 33008

Thank you
William Cerr