

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90077 033 ***158.75

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

DOCUMENT # P01000021639

1. Entity Name

System Stables, Inc.

420618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1405 NW 78th Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL

City & State

Same

4. FEI Number

65-1081960

Applied For

☐

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

Zip

33351

Country

U.S.A.

Zip

33351

Country

U.S.A.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kuford Lee

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

1405 NW 78th Ave.

City

Sunrise

FL

Zip Code

33351

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/02

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
Pres
Kuford Lee
1405 NW 78th Ave.
Sunrise, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Vernal Sampson
7630 Atlanta St.
Hollywood, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treas.
Vincent Rhoden
631 SW 67th Ave
Sunrise, FL 33023

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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/23/02

(954) 520-1846

CR2E034B (12/01)