

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90013 037 ***150.00

DOCUMENT # P01000036255

1. Entity Name

BARNAT RACING STABLE, INC.

Principal Place of Business
3170 N FEDERAL HWY STE 100
LIGHTHOUSE POINT FL 33064

Mailing Address
3170 N FEDERAL HWY STE 100
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
2400 EAST LAS OLAS
 Suite, Apt. #, etc.
126

3. Mailing Address
2400 EAST LAS OLAS
 Suite, Apt. #, etc.
126

City & State
FORT LAUDERDALE FL
 Zip
33301 Country
US

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FORT LAUDERDALE FL
 Zip
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4. FEI Number
65-1095359

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ROBERT H
3170 N FEDERAL HWY STE 100
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name
JAMES NATHENSON
 Street Address (P.O. Box Number is Not Acceptable)
2400 EAST LAS OLAS BLVD
#126
 City
FORT LAUDERDALE **FL** Zip Code
33301

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

APRIL 20, 2002

JAMES M. NATHENSON, SECRETARY TREASURER

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JAMES M. NATHENSON, SECRETARY TREASURER

APRIL 20, 2002 (954) 522-6459

Date Daytime Phone #

CR2E034 (9/01)