

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90312 029 ***150.00

DOCUMENT # **PO-1000-100-898**

1. Entity Name

A.F. HORSESHOEING, CORP.



Principal Place of Business
2500 S.W. 107TH AV. #49
MIAMI FL 33165

Mailing Address
2500 S.W. 107TH AV. #49
MIAMI FL 33165

2. Principal Place of Business
21150 S.E. 42 ST
Suite, Apt. #, etc.

3. Mailing Address
21150 S.E. 42 ST
Suite, Apt. #, etc.

City & State
MORRISTON FLORIDA

City & State
MORRISTON, FLORIDA

4. FEI Number
65-1153283

Applied For
☐ Not Applicable

Zip
32668

Country
U.S.

Zip
32668

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, DORYS
2500 S.W. 107TH AV. #49
MIAMI FL 33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ANDRIC FAJARDO**
STREET ADDRESS **21150 S.E. 42 ST.**
CITY-ST-ZIP **Morrison FL 32668**

TITLE **PD** ☒ Change ☐ Addition
NAME **Andric Fajardo**
STREET ADDRESS **P.O. Box 772218**
CITY-ST-ZIP **Ocala, FL 34477**

TITLE **VP** ☐ Delete
NAME **CRUCCELIS FAJARDO**
STREET ADDRESS **21150 S.E. 42 ST**
CITY-ST-ZIP **Morrison FL 32668**

TITLE **VP** ☒ Change ☐ Addition
NAME **Crucelis Fajardo**
STREET ADDRESS **P.O. Box 772218**
CITY-ST-ZIP **Ocala, FL 34477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

Daytime Phone #

05/18/03 352-5290907

CR2004 (10/02)