2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P01000115280 1. Entity Name FAMILY CIRCLE THOROUGHBRED, CORP. 05-14-2002 90008 012 ***150.00 Principal Place of Business Mailing Address 4940 S.W. 136 PLACE 4940 S.W. 136 PLACE **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt.*#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - -City & State City & State 4. FEI Number Applied For 01- 0603915 Not Applicable Zip Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, FRANK H Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY, SUITE 1010 **MIAMI FL 33175** 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 reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME GOMEZ, MELISSA NAME STREET ADDRESS 4940 S.W. 136 PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33175 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOMEZ, RAUL NAME STREET ADDRESS 4940 S.W. 136 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chanoe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME

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 changed, or on an attachment with an address, with an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP