

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90153 025 ***150.00

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AV 9926110

DOCUMENT # P02000117756

1. Entity Name
COLTACK EQUINE, INC.



Principal Place of Business
**13524 TURTLEMARSH LOOP
APT. 637
ORLANDO FL 32837**

Mailing Address
**13524 TURTLEMARSH LOOP
APT. 637
ORLANDO FL 32837**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1637703

Applied For

Not Applicable

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

~~ARROM, ORLANDO~~
**10556 NW 26TH STREET
SUITE 203
MIAMI FL 33172**

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 ☐ Delete
NAME **D ACOSTA, ALEJANDRO H**
STREET ADDRESS **13524 TURTLEMARSH LOOP APT. 637**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
NAME **D ACOSTA, LUIS E**
STREET ADDRESS **13524 TURTLEMARSH LOOP APT. 637**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 supplement to 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

4/30/03

Date

407 816 6367

Daytime Phone #

CR2E034 (10/02)

90131226

Attachment

#P02000117756

05-02-03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Subject: 2003 UNIFORM BUSINESS REPORT

~~Due to system problems the payment could not~~
get completed on time by the internet .After explaining situation to the
Division representative by phone(850)488-9000
Payment is being sent with no late fee charges.

If there is any other instructions ,we will be willing to cooperate.

Thank you,


Alejandro Acosta
COLTACK EQUINE INC.