

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

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 025 ***150.00

DOCUMENT # P04000092056

1. Entity Name

DZ STABLES, INC.
14581 Sheridan Street
Ft. Lauderdale, FL 33330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14581 Sheridan Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Same

4. FEI Number

20-1275829

Applied For

Not Applicable

Zip
33330

Country
Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Darlene Zamora

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

14581 Sheridan Street

City

Ft. Lauderdale

FL

Zip Code
33330

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Dir.

ZAMORA, DARLENE

14581 Sheridan St

Ft. Lauderdale, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Dir.

ZAMORA, GEORGE

14581 Sheridan St

Ft. Lauderdale, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

PO4600092056

50055918

July 10, 2005

Division of Corporations
Tallahassee, Fl. 32302

Dear Sir or Madam;

Enclosed is our Annual Report and payment of \$150.00.
We did not receive a prior notice and did not receive a
blank report from your office. We also could not download
a form from your website as your card (see enclosed) indicated
that we could.
We got a blank form from our accountant.
Please send us a blank form next year.

Thank you,

Darlene Zamora

A handwritten signature in cursive script that reads "Darlene Zamora". The signature is written in dark ink and is positioned to the right of the typed name.