

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90039 048 ***150.00

018295

DOCUMENT # P93000028891

1. Entity Name

M.R.M. HORSE RANCH, INC.

Principal Place of Business

19890 SW 180 ST
 MIAMI FL 33187
 US

Mailing Address

~~3400 CORAL WAY
 STE 108
 MIAMI FL 33145
 US~~

00022000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

11731 S.W. 112 TERRACE

City & State

City & State

MIAMI - FLORIDA

4. FEI Number

65-0405182

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

US
 Miami, Florida

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

MONTE, ARMANDO C
688 WEST 64TH DRIVE
HIALEAH FL 33012

Name

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

11731 S.W. 112 TERRACE

City

MIAMI

FL

Zip Code

33186

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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 |
|-------|--------------------|---------------------|------------------|---------------------------------|
| D | MONTE, ARMANDO C | 688 WEST 64TH DRIVE | HIALEAH FL 33012 | <input type="checkbox"/> |
| D | RODRIGUEZ, OSCAR T | 688 WEST 64TH DRIVE | HIALEAH FL 33012 | <input type="checkbox"/> |
| D | MONTE, JOSE A | 688 WEST 64TH DRIVE | HIALEAH FL 33012 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------|--------------------|--|-----------------------------------|
| | | 11731 S.W. 112 TERRACE | MIAMI - FL - 33186 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 2250 S.W. 132 COURT | MIAMI - FL - 33175 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 7823 N.W. 168 TERRACE | MIAMI - FL - 33015 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/01

CR2E034 (10/00)