

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086563

1. Entity Name

MISTY HORSE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90465 046 \*\*\*158.75

Principal Place of Business

Mailing Address

TWO S BISCAYNE BLVD  
ONE BISCAYNE TOWER SUITE 3400  
MIAMI FL 33131-1897

TWO S BISCAYNE BLVD  
ONE BISCAYNE TOWER SUITE 3400  
MIAMI FL 33131-1806

2. Principal Place of Business

3. Mailing Address

c/o RJVF Corporate Services, Inc. c/o RJVF Corporate Services,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Steel, Hector & Davis

Steel, Hector & Davis

City & State

City & State

200 So. Bisc. Blvd., Ste.4000

200 So. Bisc. Blvd., Ste.4000

4. FEI Number

65-0473202

Applied For

Not Applicable

Zip

Country

Zip

Country

Miami, Florida 33131, U.S.A.

Miami, Florida 33131, U.S.A.

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

VALDES-FAULI CORPORATE SERVICES INC  
TWO S BISCAYNE BLVD  
ONE BISCAYNE TOWER SUITE 3400  
MIAMI FL 33131-1897

Name

RJVF CORPORATE SERVICES, INC.

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

c/o Steel, Hector & Davis

200 So. Biscayne Boulevard, Suite 4000

City  
Miami

FL

Zip Code  
33131

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.

RJVF CORPORATE SERVICES, INC.

SIGNATURE By:

Raul J. Valdes-Fauli, President

04/11/00

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, 2000 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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|---------------------------------|-------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| DP    | LAURIA, JESUS A     | % TWO S BISCAYNE BLVD #3400     | MIAMI FL    | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| DVPS  | LESSEUR, GUILLERMO  | % TWO S BISCAYNE BLVD #3400     | MIAMI FL    | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| V     | GARBATI-MARIA CLARA | C/O TWO S BISCAYNE BLVD., #3400 | MIAMI FL    | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                     |                                 |             | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                     |                                 |             | <input type="checkbox"/>        |       |      |                |             | <input 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

Jesus A. Lauria, Pres.

Date

Daytime Phone #

4.10.2000

954.9684408