(6/01)

## 2002 Uniform Business Report (UBR)

## Feb 10, 2002 8:00 am Secretary of State P95000072219 DOCUMENT # 1. Entity Name 02-10-2002 90011 003 \*\*\*150.00 CAROUSEL RACING STABLES, INC. Principal Place of Business Mailing Address 2887 N.E. 35TH CT. 2887 N.E. 35TH CT. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 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 65-0614433 Not Applicable Zip \$8.75 Additional 5. Cerlificate of Status Desired Fee Required · 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ MILLS, RICHARD A III Street Address (P.O. Box Number is Not Acceptable) 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE FL 33301 Zip Code 8. The above minod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when religsuiting) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is cligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. mu: [ Change Addition Delete HILL; RABUFFO, MAE NAME NAME **CR2E034** STREET ADDRESS 2887 N.E. 35TH CT. STREET ADDRESS FT. LAUDERDALE FL 33308 CHY-ST-ZIP CHY-51-78 Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition Delete Change HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete [ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Daytime Phone #