

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90066 038 ***150.00

DOCUMENT # P97000101319

1. Entity Name

PARKLAND STABLES, INC.

Principal Place of Business

8000 84TH AVE
 PARKLAND FL 33067

Mailing Address

691 NW 48TH AVE
 DEERFIELD BCH FL 33442-9350
 US

2. Principal Place of Business

8000 84 AVE

3. Mailing Address

7106 NW 45 ST

City, Apt. #, etc.

Suite, Apt. #, etc.

CORAL SPRINGS,

City & State

PARKLAND FL

City & State

FLORIDA

Zip

33067

Country

BROWARD

Zip

33065

Country

4. FEI Number

65-0813452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KOSTZER, KIMBERLY
 691 NW 48TH AVE
 DEERFIELD BCH FL 33442

7. Name and Address of New Registered Agent

Name

PAMELA CALCIANO

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

7106 NW 45 ST

CORAL SPRINGS

City

FL

Zip Code

33065

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

Pamela Calciando Pres

4-10-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOSTZER, KIMBERLY	
STREET ADDRESS	691 NW 48TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALCIANO, PAMELA	
STREET ADDRESS	691 NW 48TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

CR2E034 (9/99)