

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028166

1. Entity Name

H.B. HORSE TRANSPORTATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90029 021 ***150.00

Principal Place of Business

12759 SPINNAKER LANE
WELLINGTON FL 33414

Mailing Address

12759 SPINNAKER LANE
WELLINGTON FL 33414-4928

2. Principal Place of Business

FLORIDA 1280 "F" Rd.

3. Mailing Address

1280 "F" Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LOXAHATCHEE, FL

City & State
LOXAHATCHEE, FL

4. FEI Number 65-0827694

Applied For
Not Applicable

Zip
33470

Country
USA

Zip
33470

Country
USA

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

BONORINO, HERNAN
12759 SPINNAKER LANE
WELLINGTON FL 33414

Name
HERNAN BONORINO

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

1280 "F" Rd.

City
LOXAHATCHEE, FL FL Zip Code
33470

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, 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
P
BONORINO, HERNAN
12759 SPINNAKER LN
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
BONORINO, HERNAN
1280 "F" Rd. LOXAHATCHEE, FL. 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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: HERNAN BONORINO PRESIDENT

1-27-00 (561) 373-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)