

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000054243**

1. Entity Name

UPRISING RACING STABLES, INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90495 029 ***150.00

Principal Place of Business

Mailing Address

**10561 N.W. 6TH STREEET
PEMBROKE PINES FL 33026****10561 N.W. 6TH STREEET
PEMBROKE PINES FL 33026-3938**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHIN, PETER C
10561 N.W. 6TH STREEET
PEMBROKE PINES FL 33026**

Name

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

City

FL

Zip Code

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	<input type="checkbox"/> Delete
PD	CHIN, PETER C	10561 N.W. 6TH STREEET	PEMBROKE PINES FL 33026	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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SD	PASSLEY, MARKLAND	8401 NW 4TH STREET	PEMBROKE PINES FL 33024	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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TD	PASSLEY, CARL	17110 NW 9TH PLACE	MIAMI FL 33169	<input type="checkbox"/>
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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 #

CR2E034 (9/99)