

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 050 ***550.00

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DOCUMENT # P98000066220

1. Entity Name
BLUE HORSE STABLES, INC.



Principal Place of Business
**1624 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

Mailing Address
**1624 E ATLANTIC BLVD
POMPANO BEACH FL 33060**



2. Principal Place of Business

3. Mailing Address

2544 N. Coral Trace Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach Fl.

4. FEI Number

65-0857437

Applied For

Not Applicable

Zip

Country

Zip

Country

33445

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERDESI, ALBERTO
C/O MARIOTTI
1624 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

Name

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

2544 N. CORAL TRACE CIRCLE

City

DELRAY BEACH

FL

Zip Code

33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D VERDESI, ALBERTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1624 E ATLANTIC BLVD		
	POMPANO BEACH FL 33060		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03
Date

Daytime Phone #

CR2E034 (10/02)