2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083500 1. Entity Name FIVE K STABLES, INC.				Apr 25, 2000 08:00 AM Secretary of State
Principal Plac	ce of Business VE.	Mailing Address 1212 SE 1ST AVE.		
FORT LAUDE 33316	ERDALE FL	FORT LAUDERDALE 33316	FL	
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	te	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ESPIES KEVIN JESQ. 1212 SE 1ST AVE.			Name D'ESPIES Street Addr 1212 SE 1	ress (P.O. Box Number is Not Acceptable)
FORT LAU 33316	UDERDALE FI		City	,
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 KEVIN I D'ESPIES Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE O4/25/2000 DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of States				10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND	_	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	D D KEVIN J 1212 SE 1ST AVE.	Detete	STREET ADDRESS 12	D'ESPIES KEVIN J 212 SE 1ST AVE.
CITY-ST-ZIP TITLE	FORT LAUDERDALE	FL 33316	CiTY-ST-ZiP F	FORT LAUDERDALE FL 33316
NAME STREET ADDRESS CITY-ST-ZIP		□ belete	NAME STREET ADDRESS CITY-ST-ZIP	Change Adultion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	T TLE NAME STPEET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additioπ
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.				