

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091500

1. Entity Name
JEB RACING STABLE, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90019 012 ***150.00

Principal Place of Business

1010 N FEDERAL HWY
HALLANDALE FL 33009
US

Mailing Address

C/O SUNSHINE AUTO
1010 N FEDERAL HWY
HALLANDALE FL 33009
US

2. Principal Place of Business

1601 S. OCEAN DR
Suite, Apt. #, etc.
305

3. Mailing Address

1601 S. OCEAN DR
Suite, Apt. #, etc.
305

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33019

Country

BROWARD

Zip

33019

Country

BROWARD

4. FEI Number

65-0872042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	MOORE, THOMAS	
STREET ADDRESS	1133 5TH AVENUE	
CITY - ST - ZIP	NEW YORK NY 10128	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANISCALCO, MICHAEL	
STREET ADDRESS	1010 N FEDERAL HWY	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CIUCCI, DOMENIC	
STREET ADDRESS	18 ABINGDON AVENUE	
CITY - ST - ZIP	STATEN ISLAND NY 10308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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

7/14/00

Date

9549214114

Daytime Phone #

Attachment Doc # P98000091500
B0102818

7/6/00

To whom it may concern,
We did not received
just notice.

Enclosed payment for
Joe's Racing Stable, Inc

Please note change
of address.

Thank you,
Michael T. Mancialis

1601 S. Ocean Pl
305

Delray Beach, FL
33019

954 921 4114