

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095012

1. Entity Name

M.K.H. EQUINE INC.

Principal Place of Business

1120 N.W. 144TH AVE.  
PEMBROKE PINES FL 33028

Mailing Address

1120 N.W. 144TH AVE.  
PEMBROKE PINES FL 33028-2920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0908927

Applied For

Not Applicable

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

HOLLANDER, KATRINA  
~~1211 CORRENTO DRIVE~~  
~~WESTON FL 33326~~

1120 N.W. 144th Ave  
Pembroke Pines, FL  
33028

Name

Same

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

1120 N.W. 144th Ave

City

Pembroke Pines

FL

Zip Code

33028

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 PVPT ☐ Delete  
NAME HOLLANDER, KATRINA  
STREET ADDRESS ~~1211 CORRENTO DR~~  
CITY-ST-ZIP ~~WESTON FL 33326~~

TITLE Same ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1120 N.W. 144th Ave  
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

KATRINA HOLLANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

954-437-0403

CR2E034 (9/99)