

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **998000095738**

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90460 016 \*\*\*150.00

1. Entity Name  
**Sorin Stables, Inc.**

Principal Place of Business Mailing Address  
**203 Thornton Drive** **SAME**  
**Palm Beach Gardens, Fl. 33418**  
**USA**

**00068604**

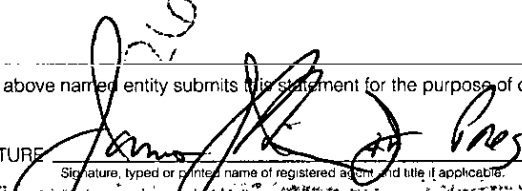
2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0879622** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Jeff Zane Esquire**  
**701 Northpoint Parkway**  
**West Palm Beach, Fl. 33407**

7. Name and Address of New Registered Agent  
 Name **James J. Kirvin III**  
 Street Address (P.O. Box Number is Not Acceptable) **203 Thornton Drive**  
 City **Palm Beach Gardens, FL** Zip Code **33418**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so  **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  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

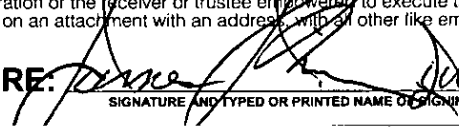
11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	<b>P, S/T, D</b>
STREET ADDRESS	<b>James J. Kirvin III</b>
CITY-ST-ZIP	<b>203 Thornton Drive</b>
	<b>Palm Beach gardens, Fl. 33418</b>
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	
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
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:  DATE: **6/28/00** DAYTIME PHONE #: **561-775-1338**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

PA8000095738

D0068604

**EVERETT A. STONE, P.A.**

ACCOUNTANT

3615 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FLORIDA 33403

TELEPHONE 622-6002

June 28, 2000

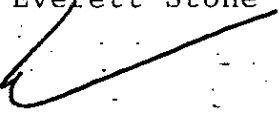
State of Florida  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE: Sorin Stables, Inc. Annual Report  
65-0879622

Inclosed is a completed year 2000 Uniform Business Report and a check for \$150.00. You will notice that the form is a filled in blank which I received for your office. Since the incorporation of the corporation my client has moved and I know that the original report cannot be forwarded by the post office.

It was never the intention of my client not to file on time so therefore I would like that a late penalty would be expunged. Thank you in advance for your consideration on this matter.

Everett Stone

  
Accountant