2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900050416

1. Entity Name
SANCHEZ SOTELO STABLES, INC.



FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90384 039 ***150.00

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Principal Place of Business 7471 LANTANA RD. LAKE WORTH FL 33467			Mailing Address 7471 LANTANA RD. LAKE WORTH FL 33467					8001° 1910 1				
2. Principal Place of Business				3. Mailing Address				. (!!!! !! !!! !!!! !	11011 1011 1001	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 65-0922956			pplied For ot Applicable	
Zip	Country			Zip Count			i a. Ceoncaia o aiaius desireo i i			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7.	Name and Address of New Reg	istered A	gent	<u> </u>	
						Name					1	
CLARK, DONNIE				Start I			Idress (P.O. Box Number is Not Acceptable)					
7471 LANTANA RD.				Street Add			iss (P.O. E	Box Number is Not Acceptable)				
LAKE WOF		467						,				
D-1/L 1101	111111 00	101										
					City			FL	Zip Cod	le		
The above of	namod entit	v submite this statement for	or the nurr	oce of changing its	regietor	nd office or regi	istored ad	gent, or both, in the State of Florid		miliar with	and accept	
the obligation			or the burk	Jose of Changing its	register	sa onice or regi	isiereu ag	gent, or both, in the state of hono	ia. Famili	irritical vyttrs,	and accept	
SIGNATURE _												
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signature req	quired when r	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								Election Campaign Finan Trust Fund Contribution.	icing		00 May Be d to Fees	
0.		OFFICERS AND	DIRECTO)RS	11.		ΑC	DDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11	
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NAME	SANCHEZ	z, ramon			NAM	E				_ ,		
TREET ADDRESS	13543 DO	UBLE TREE TRAIL			STRE	ET ADDRESS						
CITY-ST-ZIP	WELLING	TON,FL 33414			CITY	-ST-ZIP						
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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:

CHARLES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime

Daytime Phone #