

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059123

1. Entity Name

CLUB HIPICO EL BOSQUE, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90152 039 \*\*\*150.00

Principal Place of Business

Mailing Address

14955 SW 192 AVENUE  
MIAMI FL 33196

14955 SW 192 AVENUE  
MIAMI FL 33196-2218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFL Number

65-0996846

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FABRE, FRANK R  
717 PONCE DE LEON BLVD  
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 ☐ Delete  
NAME DP  
STREET ADDRESS MARTINEZ, FULGENCIO  
CITY-ST-ZIP 14955 SW 192 AVENUE  
MIAMI FL 33196

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS TRUJILLO, ENRIQUE  
CITY-ST-ZIP 14955 SW 192 AVENUE  
MIAMI FL 33196

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS TARIFA, FABIAN  
CITY-ST-ZIP 14955 SW 192 AVENUE  
MIAMI FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS FABRE, FRANK R. S.  
CITY-ST-ZIP 717 Ponce de Leon Blvd. #234  
Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Frank R.S. Fabre

04/06/00 (305) 446-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP25034 (9/99)