

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90640 003 \*\*\*150.00

**DOCUMENT # P99000061511**

1. Entity Name  
**HORSES' FRIENDS RANCH, INC.**

Principal Place of Business  
**3963 MARTIN COURT  
WESTON, FL 33331**

Mailing Address  
**3963 MARTIN COURT  
WESTON, FL 33331**

**00069648**

2. Principal Place of Business  
**55 WESTON ROAD**

3. Mailing Address  
**55 WESTON**

Suite, Apt. #, etc.  
**312**

Suite, Apt. #, etc.  
**312**

City & State  
**SUNRISE, FL**

City & State  
**SUNRISE, FL**

Zip  
**33326**

Country  
**U.S.A.**

Zip  
**33326**

Country  
**U.S.A.**

4. FEI Number  
**65-0946836**

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

**LOUIS VALERO**  
**3963 MARTIN COURT  
WESTON, FL 33331**

## 7. Name and Address of New Registered Agent

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, 2001 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

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>LOUIS VALERO</b>	
STREET ADDRESS <b>3963 MARTIN COURT</b>	
CITY-ST-ZIP <b>WESTON, FL 33331</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>CLAUDIA REBELO</b>	
STREET ADDRESS <b>3963 MARTIN COURT</b>	
CITY-ST-ZIP <b>WESTON, FL 33331</b>	
TITLE <b>-</b>	<input type="checkbox"/> Delete
NAME <b>-</b>	
STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>	
TITLE <b>-</b>	<input type="checkbox"/> Delete
NAME <b>-</b>	
STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>	
TITLE <b>-</b>	<input type="checkbox"/> Delete
NAME <b>-</b>	
STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOUIS VALERO</b>	
STREET ADDRESS <b>55 WESTON RD. SUITE 312</b>	
CITY-ST-ZIP <b>SUNRISE, FL 33326</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLAUDIA REBELO</b>	
STREET ADDRESS <b>55 WESTON RD. SUITE 312</b>	
CITY-ST-ZIP <b>SUNRISE, FL 33326</b>	
TITLE <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-</b>	
STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>	
TITLE <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-</b>	
STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>	
TITLE <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-</b>	
STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>	

CR2E034 (11/00)

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: **LOUIS VALERO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05-25-01**  
Date

**(954) 217-2624**  
Daytime Phone #