

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99-000077437*

1. Entity Name

*Iron Horse Farm, Inc.*

**DO NOT WRITE IN THIS SPACE**

FILED

02 DEC -4 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/04/02--01019--016 \*\*185.00

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2. Principal Place of Business <i>Cadillac Race Course</i> Suite, Apt. #, etc. <i>21001 NW 27th Ave</i> City & State <i>Miami FL</i> Zip <i>33056</i> Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number <i>36-3915094</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>William Cesare</i>
Street Address (P.O. Box Number is Not Acceptable) <i>6980 County Road 78</i>
City <i>Alva</i> FL Zip Code <i>33420</i>

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 *William Cesare* *William Cesare* 12-2-02  
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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP <i>PO William Cesare PO Box 656 Hollandale FL 33005</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

*T. Lewis* 12/4/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William Cesare* 12-2-02 954-445-3954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

12-2-02

Thelma Lewis  
Document Specialist Supervisor  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Division of Corporation am asking if you  
can please waiver the penalty and  
reinstatement Fees, because I never  
received the Form. So that I could have  
file the 2002 uniform business report  
on time. Thank you.

Corporation name Iron Horse Farm, Inc.

If you have any Questions concerning this matter  
please call 954-445-3954.

P.O. Box 656  
Hallandale FL 33008

Thank you  
William Carr