2000, UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000082678** 00 MAY 11 PM 2: 03 HORSE COUNTRY RANCH, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2450 SW 137TH AVENUE, SUITE 226 2450 SW 137TH AVENUE, SUITE 226 MIAMI FL 33175-6332 минмі FL 33175 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State EEI Number Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A&P REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137TH AVENUE, SUITE 226 **MIAMI FL 33175** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE FERNANDEZ, JOSE NAME NAME errera, Ennique STREET ADDRESS 2450 SW 137TH AVENUE, SUITE 226 STREET ADDRESS was pw CITY-ST-ZIP CITY-ST-ZiP **MIAMI FL 33175** ☐ Change ☐ Addition ☐ Defete TITLE TITLE vez. JOSCHICK NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 500003256645---2 NAME NAME -05/18/00--01013--005 STREET ADDRESS STREET ADDRESS ***1271.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

28/00 30501 all