## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # P99000090675

1. Entity Name

Principal Place of Business

SIGNATURE:

BVM THOROUGHBRED, INC.

••••		15564 S.W. 111 TERRACE MIAMI FL 33196-2770				838	8866	Adres werte hat	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			El Number 5-0957607		Applied For Not Applicable		
Zip	Country Zip (		Coun	5. Certificate of Status Desired		S8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent			7. N	lame and Address of New R	legistered Ag	ent	
				Name					
1556	SUE, VICTOR 4 S.W. 111 TERRACE II FL 33196			Street A	ddress (P.O. Bo	ox Number is Not Acceptable	9)		
1710 47	(F) E 33133			City			FL	Zip Cod	e
	named entity submits this statement for			L				<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible	nd title if applicable. (NOT			ure required when re	instating)  10. Election Campaign Fire	DATE		
Tax filing requirement and elects to do so. (See criteria on back)		,	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contributio			May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.			DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE		☐ Oelete	TITL	E .	PRESIL	DENT		Change	☐ Addition
NAME			NAM	Ε	VICTO	R LEE SUE			
STREET ADDRESS			STRE	ET ADDRESS	15564	SW 111 TER			
CITY-ST-ZIP			CITY	-ST-ZIP	MIAMI	, FL. 33196			
TITLE		☐ Delete	TITU	E	VICE P	RESIDENT		Change	☐ Addition
NAME			NAM	Ε	MARK	PASSLEY			
STREET ADDRESS				ET ADDRESS	8401 1	NW 4ST		211	
CITY-ST-ZIP			CITY	-ST-ZIP		ROKE PINES, F			
TITLE		☐ Delete	. TITLI	E	VICE F	RESIDENT		☐ Change	Addition
NAME			NAM		BYRON	I CHEN		·	
STREET ADDRESS				ET ADDRESS	1130 N	W 93 AVE	. 22.	\	
CITY-ST-ZIP			GHY	'-ST-ZIP 	PEMBR	OKE PINES, FI			
TITLE	}	☐ Delete	TITL					☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS '-ST-ZIP					
CITY-ST-ZIP									Medition
TITLE		☐ Delete	TITL					☐ Change	Addition
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STREET ADDRESS				-ST-ZIP				ē	
CITY-ST-ZIP			_	<del>.</del>	<del></del>			Cl Channa	☐ Addition
TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME			NAM STRE	eet address					
STREET ADDRESS				E I AUUNEGO	(				

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.

**FILED** 

May 01, 2000 8:00 am Secretary of State 05-01-2000 90462 021 \*\*\*150.00