

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90096 047 ***150.00

DOCUMENT # P99000095985
 1. Entity Name
MIAMI DADE EQUESTRIAN CENTER CORP.

Principal Place of Business Mailing Address
9250 CUTLER RIDGE DR. **9250 CUTLER RIDGE DR.**
MIAMI FL 33157 **MIAMI FL 33157**



2. Principal Place of Business 3. Mailing Address
22121 SW 256 ST **22121 SW 256 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Min **FL**

DO NOT WRITE IN THIS SPACE

City & State City & State
Homestead FL **MIAMI FL**
 Zip Country Zip Country
33031 USA **33031 USA**

4. FEI Number Applied For
65-0980150 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ADAMS, PATRICIA
9250 CUTLER RIDGE DR.
MIAMI FL 33157

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
22121 SW 256 ST
 City State Zip Code
Homestead FL 33031

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 **PATRICIA ADAMS** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ADAMS, PATRICIA	9250 CUTLER RIDGE DR.	MIAMI FL 33157	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		22121 SW 256 ST	HOMESTEAD, FL 33031	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **PATRICIA ADAMS** **4-30-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)