2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110853

1. Entity Name

SEZ WHO THOROUGHBREDS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90351 030 ***150.00

				Go WE IN			
Principal Place of Business 19707 TURNBERRY WAY.TS #4 AVENTURA FL 33180		Mailing Address 19707 TURNBERRY WAY.TS #4 AVENTURA FL 33180					
2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State)	City & State	City & State		4. FEI Number CE_0077004 Applied For		Applied For
7in O					4. FEI Number 65-0977034		Not Applicable
Zip Country		Zip Cou				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
All (A)				Name		ngent	
-	SIMON, RICHARD				P.O. Box Number is Not Acceptable)		
	NBERRY WAY,TS #4			Sireer Address (P.O. Box Number is Not Acceptable)		
AVENTURA	FL 33180			-			
			}	City		Zip Cod	de
8. The above r	named entity submits this stateme	nt for the purpose of changi	no ito rogintere	d - #	ed agent, or both, in the State of Florida. 18	- L '	
the obligation	ons of registered agent.	incror the purpose of changil	ng its registere	ed office or register	ed agent, or both, in the State of Florida. Ta	ım familiar with.	, and accept
SIGNATURE _							
	ignature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DAT		
.i Fil	E NOW!!! FEE IS \$150.00			-	- DAI		
	May 1, 2003 Fee will be \$550.	00			9. Election Campaign Financing	\$5.0	00 May Be
Make Check I	Payable to Florida Departmen	t of State			Trust Fund Contribution.		d to Fees
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	PC IN 11
1.	PST	☐ Delete	TITLE		TIPE MONO, OF INTIGERS A	☐ Change	Addition
NAME S	SIMON, RICHARD		NAME			onange	[Nounion
STREET ADDRESS 1	19707 TURNBERRY WAY,TS # AVENTURA FL 33180	†4		T ADDRESS			
TITLE			CITY-S	ST-ZIP			
NAME		☐ Delete	TITLE			Change	☐ Addition
STREET ADDRESS		•	NAME	T ADDRESS			}
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TITLE		Delete	TITLE				
NAME		L Delete	NAME			☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-S	ST-ZIP			
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME	1			
CITY-ST-ZIP				ADDRESS			İ
			CITY-S	1 - ZIP			
TITLE NAME		☐ Delete	TITLE	-		☐ Change	☐ Addition
STREET ADDRESS			NAME	ADDRECC			
OUT / OT 210			SIMEEL	ADDRESS			i

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

Change

☐ Addition