

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90076 010 \*\*\*\*61.25

**DOCUMENT # 737098**

1. Entity Name

**RACING ASSOCIATION OF MIAMI, INC.**

Principal Place of Business

Mailing Address

15830 S.W. 105 AVENUE  
 MIAMI FL 33157

15830 S.W. 105 AVENUE  
 MIAMI FL 33157-1507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARPENTER, KENNETH**  
**15830 S.W. 105 AVENUE**  
**MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PC**  Delete  
 NAME **CARPENTER, KENNETH V**  
 STREET ADDRESS **15830 S.W. 105 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **C**  Change  Addition  
 NAME **CARPENTER, KENNETH V**  
 STREET ADDRESS **15830 SW 105 AVE**  
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D**  Delete  
 NAME **KROHN, STEFAN**  
 STREET ADDRESS **5831 S.W. 89 CT**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **P**  Change  Addition  
 NAME **SERGIO PEREZ**  
 STREET ADDRESS **16536 SW 98 TERR**  
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **D**  Delete  
 NAME **SHOCKEY, BOB**  
 STREET ADDRESS **11298 S.W. 52ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **MORTON PERKIS**  
 STREET ADDRESS **7434 SW 24 ST**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE **D**  Delete  
 NAME **BROADUS, ROBERT**  
 STREET ADDRESS **26401 SW 122 COURTR**  
 CITY-ST-ZIP **MIAMI FL 33032**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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.

SIGNATURE:

*K. SHOCKEY*  
**K. SHOCKEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2000 305-552-4639

Date

Daytime Phone #

CR2E037 (9/99)