

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

0041606

04-12-2001 90002 010 \*\*\*\*\*61.25

**DOCUMENT # 737098**  
 1. Entity Name  
**RACING ASSOCIATION OF MIAMI, INC.**

Principal Place of Business <b>15830 S.W. 105 AVENUE MIAMI FL 33157</b>	Mailing Address <b>15830 S.W. 105 AVENUE MIAMI FL 33157</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CARPENTER, KENNETH  
 15830 S.W. 105 AVENUE  
 MIAMI FL 33157**

7. Name and Address of New Registered Agent  
 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 *Kenneth Carpenter* DATE APRIL 8, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>CARPENTER, KENNETH Y</b>	
STREET ADDRESS	<b>15830 S.W. 105 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KROHN, STEFAN</b>	
STREET ADDRESS	<b>5831 S.W. 89 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOCKEY, BOB</b>	
STREET ADDRESS	<b>11298 S.W. 52ND TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SERGIO, PEREZ</b>	
STREET ADDRESS	<b>16536 SW 98 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERKIS, MORTON</b>	
STREET ADDRESS	<b>7434 SW 24 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kenneth Y Carpenter* DATE: APRIL 8, 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)