

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90047 030 ****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

2. Principal Place of Business

16536 S.W. 98th TER

3. Mailing Address

16536 S.W. 98th TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33196

City & State

MIAMI FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33196

Country

DADE

Zip

33196

Country

DADE

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 Sergio Perez

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

16536 SW 98th

City

MIAMI FL 33196

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sergio Perez	
STREET ADDRESS	16536 SW 98th	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. JUAN M. MORATO	
STREET ADDRESS	2025 SW 92CT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emilio Villanreal	
STREET ADDRESS	3825 SW 128 AVE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Villanreal	
STREET ADDRESS	1730 SW 93 CT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVADOR MIRALLES	
STREET ADDRESS	2720 S.W. 99th PLACE	
CITY-ST-ZIP	MIAMI, FL 33165	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/02

CR2E037 (9/01)