

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90101 026 ****70.00

DOCUMENT # 737098

1. Entity Name
RACING ASSOCIATION OF MIAMI, INC.



Principal Place of Business
**16536 S W 98TH TER
MIAMI FL 33196**

Mailing Address
**16536 S W 98TH TER
MIAMI FL 33196**

60011575

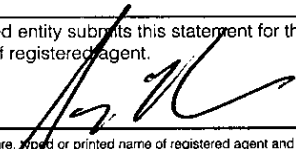


CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PEREZ, SERGIO SERGIO 16536 SW 98 TR MIAMI FL 33196				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **1/22/03**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SALVADOR, MIRALLES D		NAME	
STREET ADDRESS: 2720 S. W. 92ND PLACE		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33165		CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VILLARREAL, EMILIO		NAME	
STREET ADDRESS: 3825 SW 128 AVE		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33175		CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VILLARRED, DANIEL		NAME	
STREET ADDRESS: 1730 SW 93 CT		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33165		CITY-ST-ZIP	
TITLE: C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SERGIO, PEREZ		NAME	
STREET ADDRESS: 16536 SW 98 TERR		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33196		CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORATO, JUAN M		NAME	
STREET ADDRESS: 2025 SW 92 CT		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33165		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** **1/21/03** **205 4096787**

CR2E037 (10/02)