2001 UNIFORM BUSINESS REPORT (UBR)				M	-
DOCUMENT # A9400001615 1. Entity Name			<u> </u>		
HIALEAH SPEEDWAY, LIMITED			FILED		
Principal Place of Business Mailing Address				01 APR 23 AM 10:51	
20458 OLD CUTLER ROAD MIAMI FL 33189	P.O. BOX 143914 CORAL GABLES FL 3311	P.O. BOX 143914 CORAL GABLES FL 33114		SECRETARY OF STATE TALLAHASSEE FLORIDA	(1)
Principal Place of Business 3. Mailing Address					<u> </u> }
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.`		DO NOT WRITE IN THIS SPACE	
City & State	City & State	City & State		4. FEI Number Applied Fo Not Applied Fo	
Zip Country	Zip '	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	\neg
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	7
MULLER, CHARLES E II 9350 S. DIXIE HIGHWAY, SUITE 1550		•	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156					\neg
			City	FL Zip Code	
8. The above named entity submits this statement for	or the purpose of changing its	s register	ed office or registe	ered 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) OATE					
9. Capital Contributions as Shown on record. \$1,650,825.00 10. Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
				TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
		13.		ADDRESS CHANGES ONLY	\exists
P94000074010 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 P94000074010 HIALEAH SPEEDWAY MANAGEMENT CORP I MIAMI FL 33189		ł	-ST-ZIP	·	
DOCUMENT / P94000074014 NAME HIALEAH SPEEDWAY MANAGEMENT CORP II STREET ADDRESS 20455 OLD CUTTLED POAD		STRE	ET ADDRESS		
		CITY	-ST-ZIP		-
DOCUMENT# P94000074015		. STRE	ET ADDRESS	100004137491 -05/04/0101109020	
STREET ADDRESS 20458 OLD CUTLER ROAD MIAMI FL 33189	20436 OLD COTLEN HOAD		-ST-ZIP	****535.00 ****535.0	0
DOCUMENT # NAME	,	STRE	ET ADDRESS		
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SOCUMENT # NAME		STRE	ET ADDRESS	·	
ST-SET ADDRESS CITY-ST-ZIP			-ST-ZIP		
14. Thereby 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 is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this upport of the limited partnership or the receiver or trustee empowered to execute this upport of the limited partnership or the receiver or trustee empowered to execute this upport of the limited partnership or the receiver or trustee empowered to execute this upport of the limited partnership or the receiver or trustee empowered to execute this upport of the limited partnership or the receiver or trustee empowered to execute this upport of the limited partnership or the limited partn					
SIGNATURE: Date Daytime Phone #					

Daytime Phone #