

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

04-23-2001 90188 037 ***150.00

DOCUMENT # P00000042708

1. Entity Name

HI-TECH MOTOR SPORTS, CORP.

Principal Place of Business

Mailing Address

10200 NW 80TH AVE
 HIALEAH GARDENS FL 33016

10200 NW 80TH AVE
 HIALEAH GARDENS FL 33016

2. Principal Place of Business

1535 W 35 PL

3. Mailing Address

1535 W 35 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-1016460

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33012

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLAZO, GEORGE
3735 W. 8TH AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **HI-TECH MOTORSPORTS**
 Street Address (P.O. Box Number is Not Acceptable)
1535 W 35 PL
 City **Hialeah** FL Zip Code **33012**

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

3/15/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLLAZO, GEORGE	
STREET ADDRESS	3735 W. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLAZO, JOAQUIN IV	
STREET ADDRESS	3735 WEST 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLLAZO, IRENE IV	
STREET ADDRESS	3735 WEST 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, or in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

305-698-0306

Date

Daytime Phone #

CR2E034 (10/00)