

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90014 050 \*\*\*150.00

**DOCUMENT # P99000020429**

1. Entity Name  
**MOTORSPORTS AMERICAS, INC.**

Principal Place of Business  
**800 BRICKELL AVE STE 550  
 MIAMI FL 33131**

Mailing Address  
**800 BRICKELL AVE STE 550  
 MIAMI FL 33131-2970**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**DATRAN TWO, 9130 S DADELAND**

3. Mailing Address

**DATRAN TWO, 9130 S. DADELAND**

Suite, Apt. #, etc.

**P.H. 1**

Suite, Apt. #, etc.

**P.H. 1**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0904873**

Applied For

Not Applicable

Zip

**33150**

Country

**USA**

Zip

**33156**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YANOWITCH, PETER J  
 800 BRICKELL AVE STE 550  
 MIAMI FL 33131**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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, 2000 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 **PD**  Delete  
 NAME **SANCHEZ, RALPH A**  
 STREET ADDRESS **9540 JOURNEYS END RD**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **EXECUTIVE V.P**  
 STREET ADDRESS **JORGE L. DOMINICIS**  
 CITY-ST-ZIP **8200 SW 156 ST.  
 MIAMI, FL. 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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, with all other like empowered.

SIGNATURE: Jorge L. Dominicis  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 305-670-4343  
 Date Daytime Phone #

CR2E034 (9/99)