FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000020433 1. Entity Name INFINITE RACE INC

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91151 040 ***150.00

11040561

2. Principal Place of Business 12455 KeysTone D	3. Mailing Address LANDD6 12455 KEYSTON	LE ISLAND DR.					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State N. MIAMI. 26	City & State N · M I AM	ii H	4. FEI Number 65-0734214	Applied For Not Applicable			
Zip 35181 Country	Zip 33/8/	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
			Name and Address of Current Registe	red Agent			
DO NOT WRITE IN THIS SPACE		Name TAKO, JACKÍ Street Address (P.O. Box Number is Not Acceptable) 12455 KEYSTONE ISLAND BR City N. MIAMI. FL Zip Code					
					City N. MIA	m/. F	L Zip Code
					8. The above named entity submits this star	ement for the purpose of changing its re-	
		SIGNATURE					
Signature, typed or printed name of regis		egistered Agent signature required wh	en reinstating) DATE				
Tax filling requirement and elects to do so. (So exterior or back) After May 1, Amended 1		1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of State	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
11. OFFICE	RS AND DIRECTORS						
NAME TAKE RELUEN		TITLE	-				
NAME STREET ADDRESS CITY-ST-ZIP TAKO, REVUEN KEYSTONE ISLAND OR N.MIAMI: FL. 33181		NAME STREET ADDRESS					
CITY-ST-ZIP N.MIAMI.	FL. 33181	CITY-ST-ZIP					
TITLE		TITLE					
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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 on an attackment with a calculate. attachment with an addr

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NAME

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NAME STREET ADDRESS

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TITLE

NAME

OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

Daytime Phone #