

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90137 050 ****50.00

DOCUMENT # M01000001688

1. Entity Name

RACEWORKS, LLC

Principal Place of Business

**C/O YANOWITZ LAW CENTER
800 BRICKELL AVE., STE. 550
MIAMI FL 33131**

Mailing Address

**C/O YANOWITZ LAW CENTER
800 BRICKELL AVE., STE. 550
MIAMI FL 33131**

2. Principal Place of Business

80 Biscayne Blvd

Suite, Apt. #, etc.

3. Mailing Address

80 Biscayne Blvd

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 33

Zip

Country

Zip

Country

33132 USA

33132 USA

4. FEI Number

65-1138259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME **Peter Yanowitch**
STREET ADDRESS **800 Brickell Ave #100**
CITY-ST-ZIP **Miami FL 33131**

TITLE **V. President** ☐ Delete
NAME **Willy Bermello**
STREET ADDRESS **2601 So. Bayshore Drive**
CITY-ST-ZIP **Miami FL 33133**

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/20/02 305-373-3333

Daytime Phone #

CR2E083 (9/01)