

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90015 013 \*\*\*\*\*50.00

**DOCUMENT # M01000001688**

1. Entity Name

**RACEWORKS, LLC**



Principal Place of Business

Mailing Address

**80 BISCAYNE BLVD.  
MIAMI FL 33132**

**80 BISCAYNE BLVD.  
MIAMI FL 33132**

2. Principal Place of Business

**232 Andalusia Avenue**

3. Mailing Address

**232 Andalusia Avenue**

Suite, Apt. #, etc.

**# 360**

Suite, Apt. #, etc.

**Suite 360**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

Zip

**33134**

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☒ Delete  
NAME **YANOWITCH, PETER**  
STREET ADDRESS **800 BRICKELL AVENUE #100**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **President** ☐ Change ☒ Addition  
NAME **Carlos M. Martinez**  
STREET ADDRESS **232 Andalusia Avenue, Suite 360**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **V** ☒ Delete  
NAME **BERMELLO, WILLY**  
STREET ADDRESS **2601 SO. BAYSHORE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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**

**Carlos M. Martinez 4/30/03 305-533-1033**

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

Date

Daytime Phone #

CR2E083 (10/02)